

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 018 ***150.00

DOCUMENT # P01000071107

1. Entity Name

UNIVERSE SATELLITE VIP, INC.

DO NOT WRITE IN THIS SPACE

10090483

2. Principal Place of Business

3. Mailing Address

11398 W Flagler St

11398 W Flagler St

Suite, Apt. #, etc

Suite, Apt. #, etc

#207

#207

City & State

City & State

Miami, FL

Miami, FL

Zip

Zip

Country

Country

33174

USA

33174

USA

4. FEI Number

65-1121455

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RODRIGO F. ESPINOSA**

Street Address (P.O. Box Number is Not Acceptable)

11398 W Flagler St #207

City

Miami

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

RODRIGO F. ESPINOSA

4/23/03

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D Bermudez, Liliam 6521 SW 129 Ave. Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V-P/D ESPINOSA, RODRIGO F. 6521 SW 129 Ave. Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other officers empowered.

Signature

Liliam Bermudez

4/23/03 305-559-9522