

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 049 ***158.75

DOCUMENT # P02000070858

1. Entity Name
GET IT NOW SATELLITE, INC.



Principal Place of Business
**15750 SW 84 TERRACE
MIAMI FL 33193**

Mailing Address
**15750 SW 84 TERRACE
MIAMI FL 33193**

2. Principal Place of Business
7745 NW 56 ST

3. Mailing Address
7745 NW 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33166

Country

Zip
33166

Country

4. FEI Number
01-0725389

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CABRERA, ALEXIS
15750 SW 84 TERRACE
MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7745 NW 56 ST

City
MIAMI

FL

Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CABRERA, ALEXIS**
STREET ADDRESS **15750 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **V** ☐ Delete
NAME **CABRERA, ALEXIS**
STREET ADDRESS **15750 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **S** ☐ Delete
NAME **CABRERA, ALEXIS**
STREET ADDRESS **15750 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **T** ☐ Delete
NAME **MARISOL, AQUILA**
STREET ADDRESS **15750 SW 84 TERRACE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

(205) 385-3264

Date

Daytime Phone #

CR2E034 (10/02)