

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90495 009 ***150.00

DOCUMENT # P02000112234

1. Entity Name
SATORI COMMUNICATIONS INTERNATIONAL, CORP.



Principal Place of Business
1447 W 44 ST
HIALEAH FL 33012

Mailing Address
1447 W 44 ST
HIALEAH FL 33012

2. Principal Place of Business
9500 NW 77 AVE

3. Mailing Address
9500 NW 77 AVE

Suite, Apt. #, etc.
BAY 2

Suite, Apt. #, etc.
BAY 2

City & State
HIALEAH GARDENS FL

City & State
HIALEAH GARDENS FL

4. FEI Number
03-0488448

Applied For
Not Applicable

Zip
33016

Country
U.S.A.

Zip
33016

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCARDO, MAURICIO
1447 W 44 ST
HIALEAH FL 33012

Name

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

City

FL

Zip Code

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

MAURICIO ESCARDO (OWNER)

04/19/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **ESCARDO, MAURICO**
STREET ADDRESS **1447 W 44 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 an other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)