

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000052932

1. Entity Name SATISFACTION, INC.

DO NOT WRITE IN THIS SPACE

B0064262

2. Principal Place of Business
730 NW 107 Avenue

3. Mailing Address
730 NW 107 Avenue

Suite, Apt. #, etc.
#400

Suite, Apt. #, etc.
#400

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number 65-0447163

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David B. McCain, Esq.

Street Address (P.O. Box Number is Not Acceptable)
700 NW 107 Avenue

City Miami **FL** **Zip Code** 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

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 DCP
NAME Allan J. Pekor
STREET ADDRESS 730 NW 107 Avenue
CITY - ST - ZIP Miami FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DEVP
NAME Nancy Kaminsky
STREET ADDRESS 730 NW 107 Avenue
CITY - ST - ZIP Miami FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DEVP
NAME Linda Reed
STREET ADDRESS 730 NW 107 Avenue
CITY - ST - ZIP Miami FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ST
NAME Janice Munoz
STREET ADDRESS 730 NW 107 Avenue
CITY - ST - ZIP Miami, Florida 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V
NAME Ed Johnson
STREET ADDRESS 730 NW 107 Avenue
CITY - ST - ZIP Miami FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Kaminsky 4/1/02
Executive Vice President

Date

Daytime Phone #

CR2E034B (12/01)