

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031977

1. Entity Name

INFOSAT INTERNATIONAL, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90129 031 \*\*\*150.00

Principal Place of Business

15920 WEST STATE RD 84  
STE 165  
SUNRISE FL 33326

Mailing Address

15920 WEST STATE RD 84  
STE 165  
SUNRISE FL 33326-1226

2. Principal Place of Business

4765 NW 103 RD AVENUE

3. Mailing Address

1110 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Bay 21

Suite, Apt. #, etc.

# 374

City & State

SUNRISE - FLORIDA

City & State

SUNRISE - FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-0488017

Applied For

Not Applicable

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

MONTENEGRO, ELOY

1291-A SOUTH POWERLINE ROAD # 231

SUITE 206

POMPANO BEACH FL 33069

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MONTENEGRO ELOY  
CITY-ST-ZIP 15920 WEST ST RD 84- STE 145  
SUNRISE FL 33326

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MONTENEGRO ELOY  
CITY-ST-ZIP 1110 W OAKLAND BLVD #374  
SUNRISE - FL - 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 (954) 423-2401  
Date Daytime Phone #