

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055120

1. Entity Name

SATURN TELECOMMUNICATION SERVICES INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90120 014 ***150.00

Principal Place of Business

Mailing Address

5131 S. UNIV. DR.
DAVIE FL 33328
US

P.O. BOX 822270
PEMBROKE PINES FL 33082-2270
US

2. Principal Place of Business

3. Mailing Address

12233 SW 55th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 810

City & State

City & State

Cooper City FL

Zip

Country

Zip

Country

33330

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMARANT, MARK
16282 NW 14TH CT
PEMBROKE PINES FL 33028

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
KRUTCHIK, JON
1560 SW 164 AVE
PEMBROKE PINES FL

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
AMARANT, MARK
16282 NW 14 CT
PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4253 SW 134th Ave
Davie FL 33330

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

954-434-7388

Daytime Phone #

CR2E034 (9/99)