

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018284

1. Entity Name

Satterca Corp.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90181 049 ***150.00

Principal Place of Business

2900 NW 48 Terr, 201
Lauderdale Lakes, FL
33313

Mailing Address

2900 NW 48 Terr, 201
Lauderdale Lakes, FL
33313

2. Principal Place of Business

820 NW 86 Avenue #206

3. Mailing Address

820 NW 86 Avenue #206

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

65-0617096

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

John Alcibar

2900 NW 48 Terrace, #201

Lauderdale Lakes, FL 33313

7. Name and Address of New Registered Agent

Name

John Alcibar

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

820 NW 86 Avenue, #206

City

Miami

FL

Zip Code
33324

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

x 2 / 28 / 2000

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

TITLE P/S/T ☐ Delete
NAME John Alcibar
STREET ADDRESS 2900 NW 48 Terrace, #201
CITY-ST-ZIP Lauderdale Lakes, FL 33313

TITLE VP ☐ Delete
NAME Jose Alcibar
STREET ADDRESS 2900 NW 48 Terrace, #201
CITY-ST-ZIP Lauderdale Lakes, FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T ☒ Change ☐ Addition
NAME John Alcibar
STREET ADDRESS 820 NW 86 Avenue, #206
CITY-ST-ZIP Plantation, FL 33324

TITLE VP ☒ Change ☐ Addition
NAME Jose Alcibar
STREET ADDRESS 820 NW 86 Avenue, #206
CITY-ST-ZIP Plantation, FL 33324

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
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

x 2 / 28 / 98 954-677-0565

CR2E034 (9/99)