

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90024 032 ***150.00

0210488

DOCUMENT # P96000072261

1. Entity Name

S A T INTERNATIONAL CORP.

Principal Place of Business

**8257 NW 66TH STREET
 MIAMI FL 33166**

Mailing Address

**8257 NW 66TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0690586**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARAGON, ALFREDO E
 8001 LAKE DRIVE #202
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **ARAGON, ALFREDO E.**
 Street Address (P.O. Box Number is Not Acceptable)
10841 NW 73 TERRACE
 City **MIAMI** **FL** Zip Code **33178**

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 *Alfredo E. Aragon* **ALFREDO E. ARAGON VICE-PRESIDENT** **03/31/2001**

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, 2001 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 Delete
 NAME **D ARAGON, ALFREDO E**
 STREET ADDRESS **8001 LAKE DRIVE #202**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS **EVERARDO BERREONDO**
6 AVENIDA 1A-41 ZONA 9
GUATEMALA, GUATEMALA

TITLE Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **ALFREDO E ARAGON**
10841 NW 73 TERRACE
 CITY-ST-ZIP **MIAMI, FL, 33178**

TITLE Change Addition
 NAME **SECRETARY**
 STREET ADDRESS **MANUEL BERREONDO**
6 AVENIDA 1A-41 ZONA 9
GUATEMALA, GUATEMALA

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **CARLOS BERREONDO**
6 AVENIDA 1A-41 ZONA 9
GUATEMALA, GUATEMALA

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)(f), 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:

Alfredo Aragon

ALFREDO ARAGON

03/31/2001 (305)4777300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)