

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104124

1. Entity Name

SATURN GLOBAL INC.

Principal Place of Business

Mailing Address

6441 HANCOCK ROAD
FORT LAUDERDALE FL 33330-3441

6441 HANCOCK ROAD
FORT LAUDERDALE FL 33330-3441

2. Principal Place of Business

PO Box 1805

3. Mailing Address

PO Box 1805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

65-0718324

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

Name

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

City

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, typewritten or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature is required when re-registering.)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTV ☐ Delete
NAME ANGELLA, GINO F
STREET ADDRESS 6441 HANCOCK ROAD PO Box 1805
CITY-ST-ZIP FORT LAUDERDALE FL Dania Beach, FL 33004-1805

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

TITLE D ☐ Delete
NAME ANGELLA, LUIGINO F.
STREET ADDRESS 6441 HANCOCK ROAD
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☒ Change ☐ Addition
NAME ANGELLA, GINO F.
STREET ADDRESS PO Box 1805
CITY-ST-ZIP Dania Beach, FL 33004-1805

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
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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 fee empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

City/County/Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90259 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)