

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107265

1. Entity Name

STARLINK SATELLITE, INC

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90023 048 \*\*\*150.00

Principal Place of Business

1701 W. HILLS BORO BLVD  
STE 302  
DEERFIELD BEACH  
FL 33442

Mailing Address

1701 W. HILLS BORO BLVD  
STE 302  
DEERFIELD BEACH  
FL 33442

2. Principal Place of Business

3. Mailing Address

3505 CARRICK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SNELLVILLE, GA

4. FEI Number

650824537

Applied For

Not Applicable

Zip

Country

Zip

30039

Country

U.S.

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

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, 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 **PRESIDENT** ☐ Delete  
NAME **JIAN GOLESTANI**  
STREET ADDRESS **1701 W. HILLSBORO BLVD, STE 302**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **JIAN GOLESTANI**  
STREET ADDRESS **3505 CARRICK CIRCLE**  
CITY-ST-ZIP **SNELLVILLE, GA 30039**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Jian Golestani* **JIAN GOLESTANI**

4/17/2001

770-236-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)