

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104953

1. Entity Name

HI-TECH SATELLITE INC.

Principal Place of Business

Mailing Address

5365 HIATUS RD.
SUNRISE FL 33351

5365 HIATUS RD.
SUNRISE FL 33351-8718

2. Principal Place of Business

3841 POWERLINE RD

Suite, Apt. #, etc.

3. Mailing Address

3841 POWERLINE RD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0881078

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

ZORUBA, PETER L
5365 HIATUS RD.
SUNRISE FL 33351

Name

JOEL EISENBERG

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

7631 TAMO SHANTER BLVD.

City

NORTH LAUDERDALE

FL

Zip Code

33068

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

Joel Eisenberg

JOEL EISENBERG - PRESIDENT

4-4-00

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 P
NAME EISENBERG, JOEL
STREET ADDRESS 7631 TAM O SHANTER BLVD., UNIT 204
CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Delete

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

TITLE D
NAME EISENBERG, KATHLEEN
STREET ADDRESS 7631 TAM O SHANTER BLVD., UNIT 204
CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Delete

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

TITLE ST
NAME ZORUBA, PETER L
STREET ADDRESS 7022 S.W. 19TH ST.
CITY-ST-ZIP POMPANO BCH FL 33068 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

JOEL EISENBERG

4-4-00

Date

954 557-5358

Daytime Phone #

CR2E034 (9/99)