

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Aug 08, 2000 8:00 am
Secretary of State

05-23-2000 90216 025 ***158.75

DOCUMENT # P99000025910

1. Entity Name

R & D SATELLITE CORP.

Principal Place of Business

Mailing Address

4521 N.W. 201 STREET
 MIAMI FL 33055

4521 N.W. 201 STREET
 MIAMI FL 33014-0690

2. Principal Place of Business

1850 SW. 8th ST

3. Mailing Address

1850 SW. 8th ST

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

MIAMI, FL 33135

City & State

MIAMI, FL

4. FEI Number

65-0904584

Applied For

Not Applicable

Zip

FLORIDA

Country

Dade

Zip

33135

Country

DADE

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

ROBERTO DE AHORA

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

1850 SW. 8th ST # 309

City

MIAMI

FL

Zip Code

33135

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]

Reg. Agent

04/27/00

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	D	<input type="checkbox"/> Delete
NAME	DE AHORA, ROBERTO	
STREET ADDRESS	4521 N.W. 201 STREET	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO DE AHORA	
STREET ADDRESS	1850 S.W. 8th STREET # 309	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 04/27/00 (305)-649-4330
 Date Daytime Phone #

CR2E034 (9/99)