

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025910

1. Entity Name

R & D SATELLITE CORP.



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JAN -9 AM 8:10

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 0304

2. Principal Place of Business
3750 WEST 16 AVENUE

3. Mailing Address
3750 WEST 16 AVENUE

Suite, Apt. #, etc.
220

Suite, Apt. #, etc.
220

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33012

Country
MIAMI-DADE

Zip
33012

Country
MIAMI DADE

4. FEI Number 65-0904584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DE AHORA, ROBERTO

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

4200 N.W. 196th STREET

City MIAMI

FL

Zip Code
33055

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

06/23/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT, DIRECTOR
ROBERTO DE AHORA
4200 NW 196 STREET
MIAMI, FL 33055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500025329975
12/08/03--01083--021 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

500025329975
12/08/03--01083--022 **8.75

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500025329975
02/05/04--01029--002 **141.25

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12. 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 10 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

06/23/03

Date

Daytime Phone #

CR2E034B (12/02)