

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 022 ***150.00

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1. Entity Name
GROUP VIA SATELLITE, INC.



Principal Place of Business
**2996 MCFARLANE
MIAMI FL 33133**

Mailing Address
**2996 MCFARLANE
MIAMI FL 33133**



2. Principal Place of Business
11401 NW 12 ST

3. Mailing Address
11401 NW 12 ST

Suite, Apt. #, etc.
191

Suite, Apt. #, etc.
191

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0920276

Applied For
Not Applicable

Zip
33172 Country
USA

Zip
33172 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SALAZAR, LISBETH M
2996 MCFARLANE RD
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name
SALAZAR, LISBETH M.

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

11401 NW 12 ST #191

City
MIAMI, FL Zip Code
33172

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SALAZAR, LISBETH M
3413 MAIN HIGHWAY
COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD SALAZAR, LISBETH M
11401 NW 12 ST #191
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-03

Date

(305) 471 4447

Daytime Phone #

CR2E034 (10/02)