2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc

MIAMI LAKES,

33014

218

Delete

Delete

Delete

☐ Delete

☐ Delete

Defete

5901 NW 151 STREET

Country

Name

City

USA

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P99000071413

2. Principal Place of Business

Suite, Apt. #, etc

MIAMI LAKES, FL

CLAYTON, SANDRA

MIAMI FL 33015

(See.critéria on back)

PD

City & State

Zip

33014

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

5901 NW 151 STREET, SUITE 218

Country

USA

6175 NW 167TH ST, UNIT G32

9. This corporation is eligible to satisfy its Intangible

CLAYTON, SANDRA

18911 NW 78 AVE

HIALEAH FL 33015

Tax filing requirement and elects to do so.

FLORIDA SATELLITE COMMUNICATIONS CORPORATION

Mailing Address Principal Place of Business 6175 NW 167TH ST. UNIT G32 CTTS NW 167TH ST. UNIT G32 **MIAMI FL 33015** MIAMI FL 33015-4362

6. Name and Address of Current Registered Agent

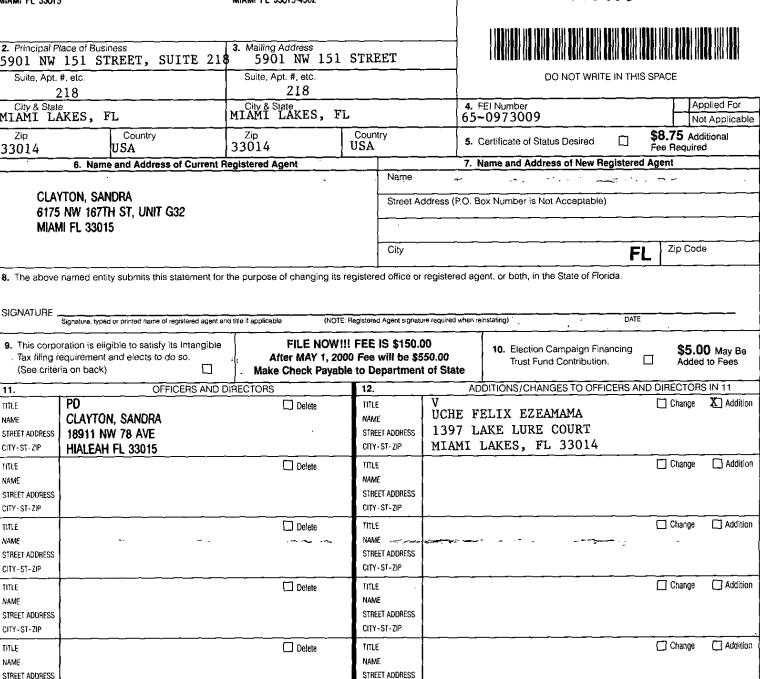
Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90101 048 ***150.00

00030703



CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empowered. 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with

SIGNATURE:

SIGNATURE AND TYPED

☐ Addition