

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2000 90101 048 \*\*\*150.00

00090203



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000071413**

1. Entity Name

**FLORIDA SATELLITE COMMUNICATIONS CORPORATION**

Principal Place of Business	Mailing Address
3175 NW 167TH ST. UNIT G32 MIAMI FL 33015	6175 NW 167TH ST. UNIT G32 MIAMI FL 33015-4362

2. Principal Place of Business	3. Mailing Address
5901 NW 151 STREET, SUITE 218 Suite, Apt. #, etc. 218	5901 NW 151 STREET Suite, Apt. #, etc. 218

City & State	City & State
MIAMI LAKES, FL	MIAMI LAKES, FL

Zip	Country	Zip	Country
33014	USA	33014	USA

4. FEI Number	Applied For
65-0973009	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
CLAYTON, SANDRA 6175 NW 167TH ST, UNIT G32 MIAMI FL 33015

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 \_\_\_\_\_ (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
<input type="checkbox"/>		<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON, SANDRA		NAME	UCHE FELIX EZEAMAMA	
STREET ADDRESS	18911 NW 78 AVE		STREET ADDRESS	1397 LAKE LURE COURT	
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: \_\_\_\_\_ REQUIRED \_\_\_\_\_ 4/20/00 305-822-3767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #