

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90198 024 ***550.00

DOCUMENT # P99000071413

1. Entity Name
FLORIDA SATELLITE COMMUNICATIONS CORPORATION

Principal Place of Business

5901 NW 151 STREET
SUITE #218
MIAMI LAKES FL 33014

Mailing Address

5901 NW 151 STREET
SUITE #218
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5901 NW 151 ST
Suite, Apt. #, etc.
36

3. Mailing Address

5901 NW 151 ST
Suite, Apt. #, etc.
36

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

Country

33014

U.S.A.

Zip

Country

33014

U.S.A.

4. FEI Number

65-0973009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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

SIGNATURE

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

UCHE FELIX EZEAMAMA

(NOTE: Registered Agent signature required when reinstating)

07/16/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **CLAYTON, SANDRA**
STREET ADDRESS **18911 NW 78 AVE**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **UCHE, FELIX EZEAMAMA**
STREET ADDRESS **1397 LAKE LURE COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **V** ☒ Change ☐ Addition
NAME **UCHE, FELIX EZEAMAMA**
STREET ADDRESS **13957 LAKE LURE COURT**
CITY-ST-ZIP **MIAMI LAKES, FL, 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED EZEAMAMA

07/16/02

305-822-3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)