

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90061 005 ***158.75

DOCUMENT # P99000101991

1. Entity Name
SATCOM COMMUNICATION CORPORATION

Principal Place of Business
36315 CALHOUN ROAD
EUSTIS FL 32736

Mailing Address
36315 CALHOUN ROAD
EUSTIS FL 32736

2. Principal Place of Business
6151 Miramar Pkwy.
 Suite, Apt. #, etc.
Ste. 326

3. Mailing Address
6151 Miramar Pkwy
 Suite, Apt. #, etc.
Ste. 326

City & State
Miramar FL
 Zip
33023
 Country
Broward

City & State
Miramar FL
 Zip
33023
 Country
Broward

4. FEI Number **59-3615597**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SQUIRES, HAROLD
36315 CALHOUN ROAD
EUSTIS FL 32736

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	SQUIRES, HAROLD	36315 CALHOUN ROAD	EUSTIS FL 32736	<input type="checkbox"/>
PD	SQUIRES, MARLON	2432 LITTLE CURRENT DR., APT. 3223	HERNDON VA 20171	<input type="checkbox"/>
VD	LAPORTE, DANIEL	710 E. CENTRAL BLVD.	ORLANDO FL 32801	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT/SECRETARY (PS)		5925 Crooked Creek DR.	MANASSAS, VA 20112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT - OPERATIONS	LISLE SQUIRES	6137 W. 35th Street	MIRAMAR, FL 33025	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT - CUSTOMER RELATIONS	DEXTER LEWIS	20 N.E. 213th Street	MIAMI FL 33179	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHIEF FINANCIAL OFFICER	MARCOS J. RODRIGUEZ	4320 N.W. 196 Street	Opa Locka, FL 33055	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)