

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90071 011 \*\*\*150.00

**DOCUMENT # P99000101991**

1. Entity Name  
**SATCOM COMMUNICATION CORPORATION**

Principal Place of Business

6151 MIRAMAR PKWY  
 SUITE 124  
 HOLLYWOOD FL 33023

Mailing Address

6151 MIRAMAR PKWY  
 SUITE 124  
 HOLLYWOOD FL 33023

2. Principal Place of Business

6151 Miramar Pkwy  
 Suite, Apt. #, etc.  
 124

3. Mailing Address

6151 Miramar Pkwy  
 Suite, Apt. #, etc.  
 124

City & State  
 Miramar FL

Zip Country  
 33023 USA

City & State  
 Miramar FL

Zip Country  
 33023 USA

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

**SQUIRES, HAROLD**  
**36315 CALHOUN ROAD**  
**EUSTIS FL 32736**

7. Name and Address of New Registered Agent

Name **Harold Squires**  
 Street Address (P.O. Box Number is Not Acceptable)  
**405 E. Rosewood Ln**  
 City **Tavares** **FL** Zip Code **32778**

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 **3/1/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SQUIRES, HAROLD 36315 CALHOUN ROAD EUSTIS FL 32736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SQUIRES, MARLON 5925 CROOKED CREEK DR MANASSAS VA 20112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SQUIRES, LISLE 6137 W. 35TH ST MIRAMAR FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DER LEWIS, DEXTER 20 NE 213TH ST MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RODRIGUEZ, MARCOS 4320 NW 108TH ST OPA LOCKA FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Harold Squires 405 E. Rosewood Ln. Tavares FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Chris Nzeakor 11930 N.W. 29th Manor Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Oliver Tate 8161 Oak Park Rd, Orlando FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

3/1/02

Date

Daytime Phone #

CR2E034 (9/01)