

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000030

1. Entity Name

SATELLITE COMPONENTS, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90060 021 \*\*\*150.00

Principal Place of Business

Mailing Address

~~700 EAST COCO PLUM CIRCLE #1~~  
~~PLANTATION FL 33324~~

~~700 EAST COCO PLUM CIRCLE #1~~  
~~PLANTATION FL 33324~~

2. Principal Place of Business

3. Mailing Address

1451 W. CYPRESS CR RD

1451 W. CYPRESS CR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

SUITE 300

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE

Zip

Country

Zip

Country

33309

USA

33309

USA

4. FEI Number

65-0976814

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2625

Name

ANTHONY DEADVINO

Street Address (P.O. Box Number is Not Acceptable)

2101 W. COMMERCIAL BLVD

SUITE 4800

City

FT. LAUDERDALE

FL

Zip Code

33305

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)

2-14-00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, ROB	
STREET ADDRESS	700 EAST COCO PLUM CIRCLE #1	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)