

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0067395 AV

DOCUMENT # **L02800**

1. Entity Name
GILAT FLORIDA INC.

08-31-2001 90001 001 ***550.00

A0083150



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7780 TECHNOLOGY DRIVE W. MELBOURNE FL 32904 US	Mailing Address 7780 TECHNOLOGY DRIVE W. MELBOURNE FL 32904 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1560 SAWGRASS CORPORATE PARKWAY SUITE 200
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City & State SUNRISE, FLORIDA	4. FEI Number 59-2961358	Applied For <input type="checkbox"/> Not Applicable
Zip 33325	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 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 D	TODD, JOHN R. <input checked="" type="checkbox"/> Delete	TITLE CEO	GIORA ORON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DR W MELBOURNE FL	NAME	1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	ANTEBI, EREZ <input checked="" type="checkbox"/> Delete	TITLE CFO	AMIT ANCICKOVSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DRIVE W. MELBOURNE FL	NAME	1560 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	GAT, YOEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DRIVE W MELBOURNE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	LEVINGBERG, AMIRAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DR W MELBOURNE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	FREECE, ALAN L <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DR W MELBOURNE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	BLOCK, M J J <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7780 TECHNOLOGY DR W MELBOURNE FL	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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (5/01)