

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000025254**1. Entity Name
CAUTUS NETWORKS CORPORATION**Principal Place of Business**1333 S MIAMI AVENUE
STE 303
MIAMI
33130

FL

Mailing Address1333 S MIAMI AVENUE
STE 303
MIAMI
33130

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0916597**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAMERICAN INFORMATION SERVICES, INC.
SUNTRUST INTERNATIONAL CENTER, 28TH FLOOR
ONE SOUTHEAST THIRD AVENUE
MIAMI
331311704 US

FL

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 _____ **04/12/2001**

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 VIERA JORGE A ☐ Delete
STREET ADDRESS 10500 S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33156TITLE
NAME VIERA JORGE A ☒ Change ☐ Addition
STREET ADDRESS 1333 S. MIAMI AV. SUITE 303
CITY-ST-ZIP MIAMI FL 33130TITLE
NAME DVPS SALIM RICARDO ☐ Delete
STREET ADDRESS 10500 S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33156TITLE
NAME DVPS SALIM RICARDO ☒ Change ☐ Addition
STREET ADDRESS 1333 S. MIAMI AV. SUITE 303
CITY-ST-ZIP MIAMI FL 33130TITLE
NAME DP NUNEZ LUIS T ☐ Delete
STREET ADDRESS 10500 S.W. 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33156TITLE
NAME DP NUNEZ LUIS T ☒ Change ☐ Addition
STREET ADDRESS 11111 BISCAYNE BLVD. APT 527, PHASE II
CITY-ST-ZIP MIAMI FL 33181TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: Luis T Nunez

DP

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)