

2000 UNIFORM BUSINESS REPORT (UBR)

0006 28 AF

DOCUMENT # **Z00176**

1. Entity Name
INTELOK NORTH AMERICA, L.C.

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1648 DONNA ROAD
WEST PALM BEACH FL 33409**

Mailing Address
**1648 DONNA ROAD
WEST PALM BEACH FL 33426-9031**

2. Principal Place of Business
1399 SW 30th AVENUE
Suite, Apt. #, etc. **STE 7**
City & State **BOYNTON BEACH, FL**
Zip **33426** Country **USA**

3. Mailing Address
1399 SW 30th AVE.
Suite, Apt. #, etc. **STE 7**
City & State **BOYNTON BEACH, FL**
Zip **33426** Country **USA**

4. FEI Number **65-0178127** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BERENBAU, EDUARDO
1648 DONNA ROAD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent
Name **BERENBAU, EDUARDO**
Street Address (P.O. Box Number is Not Acceptable)
1399 SW 30th AVENUE
STE - 7
City **BOYNTON BEACH** FL Zip Code **33426**

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  **EDUARDO BERENBAU, MANAGER** DATE **03/21/00**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		
TITLE	M	<input type="checkbox"/> Delete
NAME	INTEROTEL B.V	
STREET ADDRESS	WIJNHAVEN 3-3011WG	
CITY-ST-ZIP	ROTTERDAM, NETHERLAND	MGR
TITLE	M	<input type="checkbox"/> Delete
NAME	INTELOK INTERNATIONAL BV	
STREET ADDRESS	WIJNHAVEN 3,3011WG	
CITY-ST-ZIP	ROTTERDAM, NETHERLAND	MGR
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003224251--2	
STREET ADDRESS	-04/26/00--01018--001	
CITY-ST-ZIP	*****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **EDUARDO BERENBAU, MANAGER** DATE **03/21/00** 561 3694556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (9/99)