## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 19, 2002 8:00 am Secretary of State DOCUMENT # F01000001322 1. Entity Name 08-19-2002 90148 015 \*\*\*550.00 ECI TELECOM-NGTS INC. Principal Place of Business Mailing Address 1201 CYPRESS CREEK ROAD 1201 CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1061252 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BUDDEN, KRISTIN** Street Address (P.O. Box Number is Not Acceptable) 1201 CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309 City 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. I am familiar with, and accept 8.13 app SIGNATURE 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TITLE ☐ Delete TITLE Change Addition NAME SIMCHONY, TAL NAME STREET ADDRESS HARAKOON 39, HOD HASHARON STREET ADDRESS CITY-ST-ZIP **ISRAEL 45241** CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition ZIROS, JACK NAME NAMÉ STREET ADDRESS 1201 CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME KENNEDY, J. R NAME STREET ADDRESS 1201 CYPRESS CREEK ROAD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP BIRECTOK TITLE Delete TITLE ☐ Change Addition NAME NAME ISRAEL ZHAR) STREET ADDRESS STREET ADDRESS 30thasivim Stroet CITY-ST-ZIP PETAH TIKUA- ISRAEI CITY-ST-ZIP 49133 RECTOR TITLE ☐ Delete TITLE Change Addition EDEON INBRICO STREET ADDRESS STREET ADDRESS ISKATEL 49133 CITY-ST-ZIP CITY-ST-ZIP ETAH TIKNA

**FETAH** TIKNA- BRAFE thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director verse to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with the indicated on this report or supplementa of the corporation or the receiver of the changed, or on an attachmen

CITY-ST-ZIP

STREET ADDRESS

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REQUIREDBRKTNUED SIGNATURE

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STREET ADDRESS

CITY-ST-ZIP

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