

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90112 037 ***550.00

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DOCUMENT # F01000001322

1. Entity Name
ECI TELECOM-NGTS INC.



Principal Place of Business
**1201 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309**

Mailing Address
**1201 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1061252**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUDDEN, KRISTIN
1201 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PC**
STREET ADDRESS **SIMCHONY, TAL**
CITY-ST-ZIP **HARAKOON 39, HOD HASHARON ISRAEL 45241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **ZIROS, JACK**
CITY-ST-ZIP **1201 CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **KENNEDY, J. R**
CITY-ST-ZIP **1201 CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☒ Addition
NAME **Mandy Kellner**
STREET ADDRESS **1201 W. Cypress Creek Rd.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ZOHAR, ISRAEL**
CITY-ST-ZIP **30 HASIVIM STREET PETAH TIKVA ISRAEL 49133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **INBAR, DORON**
CITY-ST-ZIP **30 HASIVIM STREET PETAH TIKVA ISRAEL 49133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REICH, PINCHAS**
CITY-ST-ZIP **30 HASIVIM STREET PETAH TIKVA ISRAEL 49133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Mandy Kellner 7/31/03 954.351.4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)