

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91533 048 ***150.00

778553



DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000006045

1. Entity Name

INFONET USA CORPORATION

Principal Place of Business

**2160 EAST GRAND AVENUE
 EL SEGUNDO CA 90245**

Mailing Address

**2160 EAST GRAND AVENUE
 EL SEGUNDO CA 90245**

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

95-4788616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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

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, 2002 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

TITLE	PD - DIRECTOR	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Delete
NAME	COLLAZO, JOSE A	
STREET ADDRESS	2160 EAST GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	SD - DIRECTOR	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Delete
NAME	GALLEBERG, PAUL A	
STREET ADDRESS	2160 EAST GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	TD - DIRECTOR	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Delete
NAME	FIRDOSY, AKBAR H	
STREET ADDRESS	2160 EAST GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY MALONE	
STREET ADDRESS	2160 E. GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO, CA 90245	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN VAN CAMEGHEM	
STREET ADDRESS	2160 E. GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO, CA 90245	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW MUNRO	
STREET ADDRESS	2160 E. GRAND AVENUE	
CITY-ST-ZIP	EL SEGUNDO, CA 90245	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-15-02

Date

Daytime Phone #

310-335-2125

CR2E034 (9/01)