

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000823

1. Entity Name  
ITERA CIS LLC

FILED

01 APR -9 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 400  
JACKSONVILLE FL 32256

Mailing Address

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 400  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. John KENNEDY Str.

3. Mailing Address

Suite, Apt. #, etc.  
Stefel Court, Ste #51

Suite, Apt. #, etc.

City & State

LIMASSOL

City & State

Zip

CY-3608 Cyprus

Country

4. FEI Number

98-0228 788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOGLER, STEVEN C ESQ.  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 400  
JACKSONVILLE FL 32256

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME mem. merco Services Ltd. ☐ Delete  
STREET ADDRESS 199 Arch Makarios III Ave.  
CITY-ST-ZIP P.O. BOX 613, Limassol - Cyprus cy-3608

TITLE NAME mem. Lemar Industries Corp. ☐ Delete  
STREET ADDRESS RG Hodge Plaza, 2nd Flr.  
CITY-ST-ZIP Road Town, Tortola B.V.I.

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004014623--2  
CITY-ST-ZIP -04/18/01--01010--003

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00  
CITY-ST-ZIP \*\*\*\*\*58.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Steven C. Kogler*

STEVEN C. KOGLER 4/3/01 904-996-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)