

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007696

1. Entity Name

TERABIT COMMUNICATIONS INTERNATIONAL, L.C.

FILED

01 AUG -3 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

531 N.E. 14TH STREET  
BOCA RATON FL 33432

Mailing Address

531 N.E. 14TH STREET  
BOCA RATON FL 33432

2. Principal Place of Business

3998 FAU Blvd Suite 100

3. Mailing Address

3998 FAU Blvd.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

65-1016274

Applied For

Not Applicable

Zip

33431

Country

PAUM BEACH

Zip

33431

Country

PAUM BEACH

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, STEVEN

531 N.E. 14TH STREET

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Steven Ross

Street Address (P.O. Box Number is Not Acceptable)

3998 FAU BLVD SUITE 100

City Boca Raton

FL

Zip Code 33431

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

Due By September 26, 2001

200004534522--8

-08/14/01--01087--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE CFO  
NAME Richard Scarrantino  
STREET ADDRESS 3998 FAU Boulevard Suite 100  
CITY-ST-ZIP Boca Raton, FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]*

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

Date

Daytime Phone #

7/12/01 (561) 347-6907

CR2E083 (5/01)