

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 040 ***150.00

DOCUMENT # L02800

1. Entity Name
GILAT FLORIDA INC.



Principal Place of Business
**1560 SAWGRASS CORPORATE PARKWAY
200
SUNRISE, FL 33323 US**

Mailing Address
**1560 SAWGRASS CORPORATE PARKWAY
200
SUNRISE, FL 33323 US**

34071361



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2961358

Applied For
Not Applicable

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

**LUCIANO, ERNESTO A
1560 SAWGRASS CORPORATE PARKWAY
200
SUNRISE, FL 33323**

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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KATZ, GLENN
1560 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP/IS
Mazza, Michael J.
1560 Sawgrass Corp Pkwy, suite 200,
Sunrise, FL, 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
MAZZA, MICHAEL J
1560 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DN/CO
Gelen, Doron
1560 Sawgrass Corp Pkwy, suite 200
Sunrise, FL, 33323** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SUHER, YARON
1560 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Suher, Yaron
1560 Sawgrass Corp Pkwy, suite 200
Sunrise, FL, 33323** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/Controller
Dedeker Julie M
1560 Sawgrass Corp Pkwy suite 200
Sunrise, FL 33323** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julie Dedeker

8/31/04

954-851-1847