

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000001135

1. Entity Name
ICSAT US LLC

Principal Place of Business
9250 N.W. 36TH STREET
MIAMI FL 33178

Mailing Address
9250 N.W. 36TH STREET
MIAMI FL 33178

2. Principal Place of Business
3350 SW 148th Ave
Suite, Apt. #, etc.
301

3. Mailing Address
3350 SW 148th Ave.
Suite, Apt. #, etc.
301

City & State
Miramar, FL
Zip
33027
Country
Broward

City & State
Miramar, FL
Zip
33027
Country
Broward

4. FEI Number
65-0984506

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JERRY
9200 SOUTH DADELAND BLVD., SUITE 700
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Carolyn Myers-Simmonds, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4301 S. University Drive
Suite 3010
City
Ft Lauderdale FL Zip Code
33328

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 *Carolyn Myers-Simmonds*

(NOTE: Registered Agent signature required when reinstating)

4/23/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DETHAEY, LUC N.V. OCSAT PLANTIN & MORETUSLEI 220 2018 ANTWERPEN, BELGIUM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERSTUYF, JANN N.V. OCSAT PLANTIN & MORETUSLEI 220 2018 ANTWERPEN, BELGIUM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLEARY, MICHAEL SALVADOR DE MADARIAGA 1 28027 MADRID, SPAIN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODON, LINCOLN 9250 N.W. 36TH STREET MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAY, PAT 9250 N.W. 36TH STREET MIAMI FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary SAPAN BAFNA 3350 SW 148th Ave, # 301 Miramar, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004161519-1 -05/08/01--01041--001 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIG. Dethae

4/19/01

954-392-4800

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

Date

Daytime Phone #

CR2E083 (11/00)

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