

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-01-2002 90634 002 ***158.75

DOCUMENT # P01000086942

1. Entity Name

CERAGON NETWORKS LATIN AMERICA, INC.

Principal Place of Business

**4420 BEACON CIRCLE
 WEST PALM BEACH FL 33407**

Mailing Address

**4420 BEACON CIRCLE
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

2999 NE 191st Street

Suite, Apt. #, etc.

Suite # 603

City & State

Aventura, Florida.

Zip

33180

Country

U.S.A.

3. Mailing Address

2999 NE 191st Street

Suite, Apt. #, etc.

Suite # 603

City & State

Aventura, Florida

Zip

33180

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2345719

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, PHILIP H III ESQ
 WARD, DAMON, & POSNER, P.A.
 4420 BEACON CIRCLE, SUITE 100
 WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name

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

Same Registered Agent is

City

Retained

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 22 2002

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	<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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(P) - President
STREET ADDRESS	Daniel R. Dominguez
CITY-ST-ZIP	2999 NE 191st Street, Suite 603
	Aventura, Florida 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V - (Vice-President)
STREET ADDRESS	S - (Secretary)
CITY-ST-ZIP	Mitch Shelowitz, 24 Raoul Wallenberg St.
	TEL. AVIV 69719, ISRAEL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T - TREASURER
STREET ADDRESS	RAN OZ
CITY-ST-ZIP	24 Raoul Wallenberg St.
	TEL. AVIV 69719, ISRAEL.
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 empowerments.

SIGNATURE:

[Signature] **Daniel Dominguez 3/15/02 . (305) 933-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)