

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090749

1. Entity Name
IKUSI TELECOMMUNICATIONS, INC.



FILED

03 AUG -4 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
SADDLE RIVER PLAZA II
2 PARKWAY & RT. 17 S UPPER SADDLE RIVER
RIDGEWOOD NJ 07450
US

Mailing Address
C/O DAVID LENTZ, ESQ.
LENTZ & GENGARO, 443 NORTHFIELD AVE.
WEST ORANGE NJ 07052
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0543554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLAS FERNANDEZ, ESQ.
780 N.W. LE JEUNE ROAD, SUITE 324
MIAMI FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME IGLESIAS COCOLINA, ANGEL
STREET ADDRESS 3000 N.W. 82 AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE P
NAME HUETE FERNANDEZ, MANUEL
STREET ADDRESS 3000 N.W. 82 AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 100021998171
STREET ADDRESS 08/04/03--01002--009 **550.00
CITY-ST-ZIP

TITLE CEO
NAME ALLON, MOR
STREET ADDRESS 2 PARKWAY&RT. 17-S SADDLE R PLAZA II
CITY-ST-ZIP UPPER SADDLE RIVER NJ 07430 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: MANUEL HUETE
SIGNATURE REQUIRED

30.07.03

+34-943-448800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

015763 FP