

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17513

1. Entity Name

ECI TELECOM AMERICAS INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90160 048 ***150.00

Principal Place of Business

1201 WEST CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

Mailing Address

1201 WEST CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309-1912

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

59-3109750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENZI LAOR
1201 W CYPRESS CREEK RD
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Tom Sennott

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

1201 W. Cypress Creek Rd.

City

Fort Lauderdale

FL

Zip Code

33309

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

2/16/00

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	RUBNER, DAVID	
STREET ADDRESS	30 HASIVIM STREET	
CITY-ST-ZIP	PETAH TIKVA, ISRAEL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JOHN RICHARD	
STREET ADDRESS	120 WOODSTREAM COURT	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	INBAR, DORON	
STREET ADDRESS	30 HASIVIM STREET	
CITY-ST-ZIP	PETAH TIKVA, ISRAEL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCVEIGH, CATHY N.	
STREET ADDRESS	548 E. LEHIGH DRIVE	
CITY-ST-ZIP	DELTONA FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3800 Bibb Lane	
CITY-ST-ZIP	Orlando, Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1637 Eagle Bend	
CITY-ST-ZIP	Weston, Florida 33327	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/16/00 SECRETARY

CR2E034 (9/99)