

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90104 026 ***150.00

CR2E034 (9/01)

DOCUMENT # V17513

1. Entity Name

ECI TELECOM AMERICAS INC.

Principal Place of Business

**1201 WEST CYPRESS CREEK RD.
 FT. LAUDERDALE FL 33309**

Mailing Address

**1201 WEST CYPRESS CREEK RD.
 FT. LAUDERDALE FL 33309**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SENNOTT, TOM
 1201 W CYPRESS CREEK RD
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

NORMAN MATUS

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

1201 W. CYPRESS CREEK ROAD

City

FT. 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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☒ Delete
 NAME **LAOR, BEN ZION**
 STREET ADDRESS **30 HASIVIM STREET**
 CITY-ST-ZIP **PETAH, TIKVA IR**

TITLE **VP** ☐ Delete
 NAME **MILEGUIR, SERGIO**
 STREET ADDRESS **120 W CYPRESS CREEK RD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **INBAR, DORON**
 STREET ADDRESS **30 HASIVIM STREET**
 CITY-ST-ZIP **PETAH TIKVA, ISRAEL**

TITLE **ST** ☐ Delete
 NAME **MCVEIGH, CATHY N.**
 STREET ADDRESS **1637 EAGLE BEND**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #