

2000 UNIFORM BUSINESS REPORT (UBR)

0006 28 AF

DOCUMENT # Z00176

1. Entity Name
INTELOK NORTH AMERICA, L.C.

FILED

00 APR 12 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1648 DONNA ROAD
WEST PALM BEACH FL 33409

Mailing Address

1648 DONNA ROAD
WEST PALM BEACH FL 33426-9031

2. Principal Place of Business

1399 SW 30th AVENUE

3. Mailing Address

1399 SW 30th AVE.

Suite, Apt. #, etc.

STE 7

Suite, Apt. #, etc.

STE 7

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-0178127

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERENBAU, EDUARDO

1648 DONNA ROAD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name BERENBAU, EDUARDO

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

1399 SW 30th AVENUE

STE - 7

City BOYNTON BEACH

FL

Zip Code

33426

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

EDUARDO BERENBAU, AGENT

03/21/00

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE M
NAME INTEROTEL B.V.
STREET ADDRESS WIJNHAVEN 3-3011WG
CITY-ST-ZIP ROTTERDAM, NETHERLAND

TITLE M
NAME INTELOK INTERNATIONAL BV
STREET ADDRESS WIJNHAVEN 3,3011WG
CITY-ST-ZIP ROTTERDAM, NETHERLAND

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003224251--2
-04/26/00--01018--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)