

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00176

1. Entity Name

INTELOK NORTH AMERICA, L.C.

FILED

01 MAY -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1399 SW 30TH AVENUE, STE F
BOYNTON BEACH FL 33420

Mailing Address

1399 SW 30TH AVENUE STE F
BOYNTON BEACH FL 33420

2. Principal Place of Business

1399 SW 30th AVENUE

3. Mailing Address

1399 SW 30th AVENUE

Suite, Apt. #, etc.

STE - 7

Suite, Apt. #, etc.

STE - 7

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

Country

33426

Zip

Country

33426

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

1399 SW 30TH AVE., STE F

BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/01

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600004316016-1
CITY-ST-ZIP -05/24/01--01102--001
*****50.00 *****50.00

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

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

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

CR2E083 (11/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

04/22/01

Daytime Phone #

(861) 367-1516