

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F06645

1. Entity Name

ERICSSON LATIN AMERICA INC.

07-31-2000 90008 019 *** 150.00
F06645

FILED

00 JUL 31 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

601 BRICKELL KEY DRIVE
SUITE 511
MIAMI FL 33131
US

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 511
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2068231

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLOUGHLIN, LINDA G
66 NE 107 STREET
MIAMI SHORES FL 33161

Name

NRAI SERVICES, INC.

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

526 E. Park Ave.

City

Tallahassee

FL

Zip Code

32301

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

Ed Hand - Ed Hand Asst. Secretary

7/19/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOB	<input type="checkbox"/> Delete
NAME	BENGT, FORSSBERG	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 511	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SKOLD, LARS E T	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 511	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NENZELL, LISS-OLOF	
STREET ADDRESS	100 PARK AVE #2705	
CITY-ST-ZIP	NEW YORK NY	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BOIARDT, NILS	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 511	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOWJE, NILS	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 511	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NORDIN, OUE	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 511	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boije, Nils	
STREET ADDRESS	601 Brickell Key Drive, Suite 511	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nordin, Oue	
STREET ADDRESS	601 Brickell Key Drive, Suite 511	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pruette, Eileen	
STREET ADDRESS	7001 Development Drive	
CITY-ST-ZIP	Research Triangle Park, NC 27709	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyles, Lawrence F.	
STREET ADDRESS	740 Campbell Road	
CITY-ST-ZIP	Richardson, Tx 75081	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hampel, David A.	
STREET ADDRESS	740 Campbell Road	
CITY-ST-ZIP	Richardson, TX 75081	
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:

ORIGINAL REQUIRED

07/25/00

305 9604019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #