

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90185 044 \*\*\*\*55.00

0024394

**DOCUMENT # L01000000389**

1. Entity Name

**INTERAMERICAN ADVANCED COMMUNICATION SERVICES, L  
LC**



Principal Place of Business

**5300 NW 33RD AVE., STE. 119  
FT LAUDERDALE FL 33309**

Mailing Address

**5300 NW 33RD AVE., STE. 119  
FT LAUDERDALE FL 33309**

2. Principal Place of Business

**2400 North Commerce Pkwy**

3. Mailing Address

**Same #2**

Suite, Apt. #, etc.

**Suite 305**

Suite, Apt. #, etc.

City & State

**Weston, FL. 33326**

City & State

Zip

**33326**

Country

**Broward**

Country

4. FEI Number

**65-1074734**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VICGNTINI, ANDRES  
5300 NW 33RD AVE., STE. #119  
FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

**Andres Vicentini**

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

**2400 North Commerce Pkwy**

City

**Weston**

**FL**

Zip Code  
**33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**04/28/2003**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MRGM  
VICENTINI, LUIS JOSE  
5300 NW 33RD AVE., STE. 119  
FT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
LANDER, RAFAEL  
5300 NW. 33RD AVE. STE. 119  
FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
VINCENTINI, ANDRES  
5300 NW. 33RD AVE. #119  
FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
VICENTINI, LUIS E  
5300 NW. 33RD AVE. STE. #119  
FORT LAUDERDALE FL 33309**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2400 North Commerce Pkwy  
Weston, FL. 33326**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2400 North Commerce Pkwy  
Weston, FL. 33326**

☒ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

**04/28/03**

**(954) 306-0956**

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

Date

Daytime Phone #

CR2E083 (10/02)