

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0006818

**DOCUMENT # L01000011238**

1. Entity Name

**EMIDA NETWORK SYSTEMS, LLC**

04-10-2002 90017 026 \*\*\*\*\*50.00

Principal Place of Business

**848 BRICKELL AVE., STE. 1200  
 MIAMI FL 33131**

Mailing Address

**%MARC H AUERBACH ESQ-KIRKPATRICK LOCKHART  
 201 S. BISCAYNE BLVD., STE. 200  
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1120677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUERBACH, MARC H ESQ.  
 KIRKPATRICK & LOCKHART  
 201 S. BISCAYNE BLVD., STE. 2000  
 MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Administrator / manager Rene Brillembourge 848 Brickell Ave, #1200 Miami, FL 33131	
		Manager Herman Leyba 848 Brickell Ave, #1200 Miami, FL 33131	
		Manager Gilberto Mendoza 848 Brickell Ave, #1200 Miami, FL 33131	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/12/02 305 3712274**

CR2E083 (9/01)