

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**  
05-02-2003 90576 046 \*\*\*\*50.00

0075267

**DOCUMENT # L01000011241**

1. Entity Name

**EMIDA MOBILE SYSTEMS, LLC**



Principal Place of Business

Mailing Address

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

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

**30066605**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2200 S. Dixie Hwy**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste. 601**

Suite, Apt. #, etc.

City & State

**Miami, Fl.**

City & State

Zip  
**33133**

Country  
**USA**

Zip

Country

4. FEI Number **65-1120688**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. 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)

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  
**MGR  
BRILLEMBOURGE, RENE  
848 BRICKELL AVE #1200  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEYBA, HERMAN  
848 BRICKELL AVE #1200  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MENDOZA, GIBERTO  
848 BRICKELL AVE #1200  
MIAMI FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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  
**2200 S. Dixie Hwy Ste. 601  
Miami, Fl. 33133** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2200 S. Dixie Hwy Ste. 601  
Miami, Fl. 33133** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2200 S. Dixie Hwy Ste. 601  
Miami, Fl. 33133** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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**

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

Date

Daytime Phone #

**04/16/03 305-854-2714**

CR2E083 (10/02)