

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90192 011 \*\*\*\*50.00

0032371

**DOCUMENT # L01000015530**

1. Entity Name

**ELECTRO-MECH SOLUTIONS, L.L.C.**

Principal Place of Business

6928 S.W. 39 STREET #A-202  
 DAVIE FL 33314

Mailing Address

6928 S.W. 39 STREET #A-202  
 DAVIE FL 33314

947840

2. Principal Place of Business

3233 NE 34th street

Suite, Apt. #, etc.

1103

3. Mailing Address

3233 NE 34th street

Suite, Apt. #, etc.

1103



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, FL 33308

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

52-2340623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ.  
 290 NW 165 STREET  
 PLAZA  
 MIAMI FL 33169

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGRM**  
**FONTAINE, GABRIEL**  
 STREET ADDRESS **6928 S.W. 39 STREET #A-202**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
**MGRM**  
**Fontaine, Gabriel**  
 STREET ADDRESS **3233 NE 34th Street #1103**  
 CITY-ST-ZIP **Fort Lauderdale, Florida 33308**

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

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

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

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

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**

**Gabriel Fontaine**

**April-16-2002**

**(954) 968-6954**

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

Date

Daytime Phone #

CR2E083 (9/01)