

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 011 \*\*\*\*55.00

5/1

**DOCUMENT # L02000001897**

1. Entity Name

**UNICOM, LLC**



Principal Place of Business

**1700 ORCHID BEND  
WESTON FL 33327**

Mailing Address

**1700 ORCHID BEND  
WESTON FL 33327**

**44002562**

2. Principal Place of Business

**17110 Arvida Parkway**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Weston, FL 33326**

3. Mailing Address

**17110 Arvida Parkway**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Weston, FL 33326**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**03-0380081**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DE LA HOZ, JORGE E  
304 PALERMO AVENUE  
CORAL GABLES FL 33134**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/21/03**

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 **PRESIDENT** ☐ Delete  
NAME **HENIO GODINHO**  
STREET ADDRESS **17110 ARVIDA PKWY - SUITE 1**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **DIRECTOR** ☐ Delete  
NAME **FRANCISCO ILES DELFINO**  
STREET ADDRESS **17110 ARVIDA PKWY - SUITE 1**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **DIRECTOR** ☐ Delete  
NAME **SERGIO LONDOÑO**  
STREET ADDRESS **17110 ARVIDA PKWY - SUITE 1**  
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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]*

**SIGNATURE REQUIRED**

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

**3/21/03**

Date

**(954)3497717**

Daytime Phone #

CR2E083 (10/02)