

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90027 023 *****50.00

0016331

DOCUMENT # L02000028186

1. Entity Name

COMPAGNIA DEL MOBILE U. S. A. , L.C.



Principal Place of Business

3663 S. W. 8 TH. STEET.
THIRD FLOOR
MIAMI FL 33146

Mailing Address

3663 S. W. 8 TH. STEET.
THIRD FLOOR
MIAMI FL 33146

2. Principal Place of Business

4100 N.E. 2ND AVENUE

3. Mailing Address

4100 NE 2ND AVENUE

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

52-2385574

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

DI MISE, FRANCISCO PABL
3663 S. W. 8 TH STREET
THIRD FLOOR
MIAMI FL 33146

7. Name and Address of New Registered Agent

Name

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

4100 NE 2ND AVENUE, #106

City

MIAMI

FL

Zip Code

33137

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

Francisco FRANCISCO DIMISE

4/8/03

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DI MISE, FRANCISCO PABL
3663 S. W. 8TH STREET
MIAMI FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

Francisco FRANCISCO DIMISE

4/8/03 (305) 573 2500

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

Date

Daytime Phone #

CR2E083, (10/02)