

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90022 003 \*\*\*\*50.00

**DOCUMENT # L02000029082**

1. Entity Name

**TCM WIRELESS, L.L.C.**



Principal Place of Business

Mailing Address

**TURNBERRY PLAZA  
2875 N.E. 191ST STREET, SUITE 801  
AVENTURA FL 33180**

**TURNBERRY PLAZA  
2875 N.E. 191ST STREET, SUITE 801  
AVENTURA FL 33180**

2. Principal Place of Business

3. Mailing Address

**3300 N.E. 191st Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apt. 1109**

City & State

City & State

**Aventura, FL**

Zip

Country

Zip

Country

**33180**

**U.S.A**

4. FEI Number

Applied For

☒ Not Applicable

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

**SERBER, DANIEL J ESQ.  
TURNBERRY PLAZA  
2875 N.E. 191ST STREET, SUITE 801  
AVENTURA FL 33180**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAJCHERT, LEONARDO S  
2875 N.E. 191ST STREET  
AVENTURA FL 33180** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SIGURA, ENRIQUE  
2875 N.E. 191ST STREET  
AVENTURA FL 33180** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**SIGURA ENRIQUE SIGURA 03/21/2003 786-2805315**

CR2E083 (10/02)