

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000000998**

1. Entity Name  
**COMMUNICATIONS ENGINEERING GROUP, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 10 AM 9:25

Principal Place of Business  
240 E. COMMERCIAL BLVD. SUITE 3A  
LAUDERDALE BY THE SEA FL 33308

Mailing Address  
240 E. COMMERCIAL BLVD. SUITE 3A  
LAUDERDALE BY THE SEA FL 33308



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0850175** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**NEIMARK, CORT A  
800 CORPORATE DRIVE, SUITE 408  
FT. LAUDERDALE FL 33334**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOCKER, DANIEL 4238 SEAGRAPE DRIVE, APT. 3-B LAUDERDALE BY THE SEA FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FONTENOT, GREGORY 3401 W. HILLSBORO BLVD. APT. M102 COCONUT CREEK FL-33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800003326948-3 -07/18/00--01085--012 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OR MANAGER

**7-6-00 954-776-9993**  
Date Daytime Phone #

CR2E083 (5/00)