

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90001 031 \*\*\*\*55.00

**DOCUMENT # L98000000998**

1. Entity Name

**COMMUNICATIONS ENGINEERING GROUP, L.L.C.**



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

**5452 NE 25TH AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**5452 NE 25TH AV.**

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

Zip  
**33308**

Country

**USA**

City & State

**FT. LAUDERDALE, FL**

Zip

Country

**USA**

4. FEI Number

**65-0850175**

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

**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. 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOCKER, DANIEL  
5452 NE 25TH AVE.  
FT. LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FONTENOT, GREGORY  
3401 W. HILLSBORO BLVD. APT. M102  
COCONUT CREEK FL 33073** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

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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**

**DANIEL MOCKER**

**6-20-03 954-776-9993**

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

Date

Daytime Phone #

CR2E083 (10/02)

0023995