

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000412
/

DOCUMENT # L96000000787

1. Entity Name
LAP OF AMERICA LASER APPLICATIONS, L.C.

| | |
|--|---|
| Principal Place of Business 1745 AVENIDA DEL SOL BOCA RATON FL 33432 | Mailing Address 1745 AVENIDA DEL SOL BOCA RATON FL 33432-1743 |
|--|---|



| | |
|---|---|
| 2. Principal Place of Business 1755 AVENIDA DEL SOL | 3. Mailing Address 1755 AVENIDA DEL SOL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State BOCA RATON FL | City & State BOCA RATON FL | 4. FEI Number 65-0693096 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33432 | Country USA | Zip 33432 | Country USA |

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

VAN ARKEL, PIETER
1745 AVENIDA DEL SOL
BOCA RATON FL 33432

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 **4/14/00**

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

| 9. MANAGING MEMBERS / MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROECKSEISEN, ARMIN DR. ZEPPELINSTRASSE 23, 21337 LUENEBURG FEDERAL REPUBLIC OF GERMANY <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 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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**

Date **4/14/00** Daytime Phone #

CR2E083 (9/99)