2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90153 022 ****55.00

DOCUMENT # L96000000787

1. Entity Name

LAP OF AMERICA LASER APPLICATIONS, L.C.

Principal Place of Business	Mailing Address
1755 AVENIDA DEL SOL BOCA RATON FL 33432	1755 AVENIDA DEL SOL BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0693096 ☐ 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
VAN ARKEL, PIETER ~~1745~~ AVENIDA DEL SOL BOCA RATON FL 33432	Name: PIETER VAN ARKEL Street Address (P.O. Box Number is Not Acceptable): 1755 AVENIDA DEL SOL City: BOCA RATON FL Zip Code: 33432

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 _____ PIETER VAN ARKEL 4/9/2002
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROECKSEISEN, ARMIN DR. ZEPPELINSTRASSE 23, 21337 LUENEBURG FEDERAL REPUBLIC OF GERMANY	☐ Delete	PRESIDENT PIETER VAN ARKEL 1755 AVENIDA DEL SOL BOCA RATON, FL 33432	☐ Change	☑ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

CR2E083 (9/01)

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: _____ 4/4/02 561-46-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #