

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 31, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002264**1. Entity Name
LASERTECH USA, LLCPrincipal Place of Business
6371 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810Mailing Address
6371 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 328102. Principal Place of Business
7517 CURRENCY DRIVE
Suite, Apt. #, etc.3. Mailing Address
7517 CURRENCY DRIVE
Suite, Apt. #, etc.City & State
ORLANDO FLCity & State
ORLANDO FL4. FEI Number
59-3640689Applied For
Not ApplicableZip Country
32809 USZip Country
32809 US5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CHANG DALE U
6371 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810 US7. Name and Address of New Registered Agent
Name
CHANG DALE U
Street Address (P.O. Box Number is Not Acceptable)
7517 CURRENCY DRIVE
City ORLANDO FL Zip Code 32809

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 **DALE U. CHANG** 08/31/2001
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEEKMAN DOUG 100 N. TAMPA STREET STE 2410 TAMPA FL 33602 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAHN YU H 111 HIGHLAND DRIVE PUTNAM CT 06260 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORIN ROGER 140 COASTLINE ROAD SANFORD FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANG KAY 2900SUN BITTERN COURT WINDERMERE FL 34789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANG DALE U 7517 CURRENCY DRIVE ORLANDO FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **DALE U. CHANG** MGRM 08/31/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)