

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90129 022 ****50.00

DOCUMENT # LOG0000015967

1. Entity Name

LAMBDA PHYSIK APPLICATION CENTER, LLC

Principal Place of Business

**3201 WEST COMMERCIAL BOULEVARD, SUITE 110
 FORT LAUDERDALE FL 33309**

Mailing Address

**3201 WEST COMMERCIAL BOULEVARD, SUITE 110
 FORT LAUDERDALE FL 33309**

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

65-1065772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CAMERON, CARA E-ESQ.
 2929 EAST COMMERCIAL BLVD., SUITE 410
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

JEFFERSON P. KNIGHT

Street Address (P.O. Box Number is Not Acceptable)

777 BRICKELL AVE

SUITE 1070

City

Miami

FL

Zip Code

33131

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

(Jefferson P. Knight)

4-24-02

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

TITLE **P**
 NAME **SCAGGS, MICHAEL J**
 STREET ADDRESS **3201 W. COMMERCIAL BLVD., #110**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

☒ Delete

TITLE **S**
 NAME **BASTING, ROSEMARIE**
 STREET ADDRESS **3201 W. COMMERCIAL BLVD. #110**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

☐ Delete

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10. ADDITIONS/CHANGES

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 CITY-ST-ZIP

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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:

**(for ROSEMARIE BASTING by
 Jefferson P. Knight, Attorney)**

4-24-02

954-486-1500

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

Date

Daytime Phone #

CR2E083 (9/01)