

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90085 010 \*\*\*150.00

**DOCUMENT # L01000011133**

1. Entity Name

LADAC, USA - L.C. ✓

Principal Place of Business

4675 PONCE DE LEON BLVD  
 SUITE 305  
 CORAL GABLES FL 33146

Mailing Address

4675 PONCE DE LEON BLVD  
 SUITE 305  
 CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1121921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STINSON, LOUIS JR  
 4675 PONCE DE LEON BLVD  
 SUITE 305  
 CORAL GABLES FL 33146

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

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 ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

M  
 HARRINGTON, STEPHEN C  
 4550 Bay Point Rd  
 Miami, FL 33137

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

M  
 Harrington, Stephen, C.  
 4550 Bay Point Road  
 Miami, FL 33137

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

M  
 TORBJORNSEN, DAG  
 251 Crandon Blvd, Unit 723  
 Key Biscayne, FL 33149

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

M  
 Torbjornsen, Dag  
 251 Crandon Boulevard, Unit 723  
 Key Biscayne, FL 33149

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

S  
 Stinson, Louis, Jr.  
 4675 Ponce de Leon Blvd. #305  
 Coral Gables, FL 33146

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

✓ 4/25/02

✓ 305.576.2668

CR2E083 (9/01)