2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000194

1. Entity Name

SIGNATURE:

BROWARD TESTING LABORATORY, LTD. LIMITED COMPANY

05-06-2003 90062 022 ****50.00

Daytime Phone #

Dilowigie	TEOTING ERDONATORY	LID. FIIANIED COMB VI		WI THE						
Principal Plac	e of Business	Mailing Address	Mailing Address							
4416 N.E. 11TH AVENUE FORT LAUDERDALE FL 33334		4416 N.E. 11TH AVENUE FORT LAUDERDALE FL 33334								
2 Diania D	face of Business	1 a Maritime Address					1 111 111 11 11 111 11 11			
z, Principal P	ace of Business	3. Mailing Address	3. Mailing Adoress				0) 16 16 16		1 111 111 1 1 11 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State	е	City & State			4. FEI Num	ber 34-18144	198		oplied For	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	<u></u>		7. Name an	d Address of New				
CT	CORPORATION SYSTEM	Nam	e		i					
660	E. JEFFERSON STREET LAHASSEE FL 32301		Stree	et Address (P.O. Box Numl	ber is Not Acceptal	ole)			
	;		City	·		 	FL	Zip Code	e (
8. The above	named entity submits this statement f	or the purpose of changing its	registered office	or register	red agent, or b	oth, in the State of	Florida, I am fa	amiliar with,	and accept	
SIGNATURE	ions of registered agent	Walte u			<u> </u>		4/30/0	3.		
	Signature, typed or printed name of registered agen		E: Registered Agent si		d when reinstating)		DATE			
		Make Check Payabl	OW!!! FEE IS le to Florida (e By May 1, 2	Departme	nt of State					
9.	MANAGING MEMB		10.			ADDITION	S/CHANGES			
TITLE I	MGRM	Delete	TITLE			ADDITION	3/01/ANGES	Change	Addition	
NAME	GELBACH, ROBERT W		NAME	{				_ ,	_ {	
STREET ADDRESS	7490 FOXBORO ROAD		STREET ADDRES	ss {					j	
CITY-ST-ZIP	GATES MILLS OH 44040		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS			STREET ADDRES	ss }					ļ	
CITY-ST-ZIP			CITY-ST-ZIP	Į	•					
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME)			NAME)						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS					}	
TITLE		☐ Delete	TITLE	1		<u> </u>		Change	Addition	
NAME			NAME	}					}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	SS }					}	
		Delete	TITLE					Change	Addition	
NAME		□ Delete	NAME	}				C Change	L Addition	
STREET ADDRESS			STREET ADDRES	ss					ľ	
CITY-ST-ZIP	 		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				_ 	Change	☐ Addition	
NAME			NAME						ł	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s>					-	
	ertify that the information supplied wit	th this filling does not qualify for	 	stated in So	oction 119 07/3	(Vi) Florida Statuto	L further cost	fy that the in	nformation	
indicated limited liab	on this report is true and accurate and bility company or the receiver	d that my signature shall have the empowered to appear the income the control of	the same legal e	ffect as if med by Chapt	nade under oat ter 608, Florida	th; that I am a man Statutes.	aging member	or manage	r of the	

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE