

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90008 014 \*\*\*550.00

**DOCUMENT # P01000086849**

1. Entity Name  
**LFPV, INC.**

Principal Place of Business  
**3111 STIRLING ROAD**  
**FT. LAUDERDALE FL 33312**

Mailing Address  
**3111 STIRLING ROAD**  
**FT. LAUDERDALE FL 33312**

2. Principal Place of Business  
**1850 Eller Drive**  
 Suite, Apt. #, etc.  
**Suite 402**

3. Mailing Address  
**P.O. Box 13109**  
 Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale FL**

Zip Country  
**33316 USA**

Zip Country  
**33316 USA**

4. FEI Number  
**65-1154634**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BURNETT, ROBERT J ESQ.**  
**3111 STIRLING ROAD**  
**FT. LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**

Name  
**Val Silva**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1850 Eller Drive**  
**Suite 402**  
 City  
**Fort Lauderdale FL** Zip Code  
**33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Val Silva**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9/4/02**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
 NAME **D** ☐ Delete  
**HAAR, CHRISTIAN**  
 STREET ADDRESS  
**1800 ELLER DRIVE**  
 CITY-ST-ZIP  
**FT. LAUDERDALE FL 33316**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME ☐ Change ☒ Addition  
**Val Silva**  
 STREET ADDRESS  
**1850 Eller Drive, Suite 402**  
 CITY-ST-ZIP  
**Ft. Lauderdale, FL 33316**

TITLE  
 NAME ☐ Change ☒ Addition  
**Director**  
**Peter Barklin**  
 STREET ADDRESS  
**1350 Eller Drive, Suite 402**  
 CITY-ST-ZIP  
**Ft. Lauderdale, FL 33316**

TITLE  
 NAME ☐ Change ☒ Addition  
**Director**  
**Jens Rishede Terkelsen**  
 STREET ADDRESS  
**1850 Eller Drive, Suite 402**  
 CITY-ST-ZIP  
**Ft. Lauderdale, FL 33316**

TITLE  
 NAME ☐ Change ☒ Addition  
**Director**  
**Joern Raaschou**  
 STREET ADDRESS  
**1850 Eller Drive, Suite 402**  
 CITY-ST-ZIP  
**Ft. Lauderdale, FL 33316**

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/4/02** **(954) 525-9788**  
 Date Daytime Phone #

CR2E034 (4/02)