2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # \$41390** 1. Entity Name LASER METALS, INC. 04-24-2001 90007 047 ***150.00 Principal Place of Business Mailing Address 6555 N POWERLINE RD 6555 N POWERLINE RD #301 643253FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0254669 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULDOON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6555 N POWERLINE RD., #301 FT. LAUDERDALE FL 33309 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. -- After MAY-1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) ☐ Change TITLE ☐ Delete NAME STREET ADDRESS MULDOON, RICHARD L STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NARAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete._ ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 powered 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