

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90375 004 \*\*\*150.00

**DOCUMENT # S41390**

1. Entity Name  
**LASER METALS, INC.**

Principal Place of Business

6555 N POWERLINE RD  
 #301  
 FT LAUDERDALE FL 33309  
 US

Mailing Address

6555 N POWERLINE RD  
 #301  
 FT LAUDERDALE FL 33309  
 US DEPARTMENT OF STATE

**DULLY**



2. Principal Place of Business

**1300 NW 65th PLACE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1300 NW 65th PLACE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**FT. LAUDERDALE FL.**

City & State

**FT LAUDERDALE FL.**

4. FEI Number

**65-0254669**

Applied For

Not Applicable

Zip

Country

**33309**

**USA**

Zip

Country

**33309**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MULDOON, RICHARD**

**6555 N POWERLINE RD., #301**

**FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

**RICHARD MULDOON**

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

**1300 NW 65th PLACE**

City

**FT LAUDERDALE**

**FL**

Zip Code

**33309**

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

*Richard Muldoon*

*4/29/02*

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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	PD	<input type="checkbox"/> Delete
NAME	ST	
STREET ADDRESS	MULDOON, RICHARD L	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

*Richard Muldoon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*954-935-5365*

CR2E034 (9/01)