

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90161 019 ***150.00

DOCUMENT # **P02000084116**



1. Entity Name
L.T.W. LIMITED, INC.

Principal Place of Business
**4373 NORTH LAKE BOULEVARD
PALM BEACH GARDENS FL 33410**

Mailing Address
**4373 NORTH LAKE BOULEVARD
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business
4367 NORTH LAKE BLVD
Suite, Apt. #, etc.

3. Mailing Address
4367 NORTH LAKE BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens FL
Zip
33410
Country
PBC

City & State
Palm Beach Gardens FL
Zip
33410
Country
PBC

4. FEI Number
YY-3864877

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMDEN, MAJED
20026 N.E. 2ND COURT
MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name
Amjad Hamdan
Street Address (P.O. Box Number is Not Acceptable)
5589 Eagle Lake Drive
City
Palm Beach Gardens FL Zip Code
33418

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Pres MAJED HAMDEN Amjad Hamdan	<input type="checkbox"/>		<input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

2-10-03 (S) **776-5440**
Date Daytime Phone #

CR2E034 (10/02)