2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07470 Jan 24, 2000 8:00 am **Secretary of State** L.T. PROPERTY MANAGEMENT INCORPORATED 01-24-2000 90086 020 ***150.00 Mailing Address Principal Place of Business 4245 N SR 7 4245 N SR 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 C0003631 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0225310 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HACKER, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1500 NW 49 ST SUITE 500 FT LAUDERDALE FL 33009 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, 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition Delete TITLE TITLE LUONG, VIET NAME NAME STREET ADDRESS 4245 N SR 7 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL CITY-ST-7IP Addition ☐ Delete Change TITLE TRAN, LOI MINH NAME STREET ADDRESS STREET ADDRESS 4245 N SR 7 CITY-ST-ZIP LAUDERDALE LAKES FL CITY-ST-ZIP Addition TITLE - Delete -LUONG, MINH NAME STREET ADDRESS STREET ADDRESS 4245 N SR 7 CITY-ST-ZIP LAUDERDALE LAKES FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE LUONG, THANHVAN THI NAME NAME STREET ADDRESS 4245 N SR 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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/eport is true and acqurate 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 trusfee 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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