## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # S07470** L.T. PROPERTY MANAGEMENT INCORPORATED 03-23-2001 90017 012 \*\*\*150.00 Mailing Address Principal Place of Business 4245 N SR 7 4245 N SR 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address 5209 NW 5200 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0225310 Not Applicable <u>LAUD</u>ER-HIL Audern \$8.75 Additional Zip 5. Certificate of Status Desired BROWAR Fee Required BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent T HACKER, BRENDA Street Address (P.O. Box Number is Not Acceptable) 1500 NW 49 ST SUITE 500 AVE FT LAUDERDALE FL 33009 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 nature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition Delete TITLE TITLE LUONG, VIET NAME NAME 4245 N SR 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL TITLE ☐ Delete TITLE TRAN, LOI MINH NAME NAME STREET ADDRESS 4245 N SR 7 STREET ADDRESS CITY\_ST-7IP LAUDERDALE LAKES FL CITY-ST-ZIP ☐ Addition TD TITLE T(TLE ☐ Delete LUONG, MINH NAME NAME STREET ADDRESS 4245 N SR 7 STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE LUONG, THANHVAN THI NAME NAME 4245 N SR 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Addition . Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 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 wither like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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