

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90104 046 \*\*\*150.00

UBR 1-1-02 AV

**DOCUMENT # S07470**

1. Entity Name  
**L.T. PROPERTY MANAGEMENT INCORPORATED**



Principal Place of Business  
**5209 NW 67 AVENUE  
LAUDERDALE LAKES FL 33319**

Mailing Address  
**5209 NW 67 AVENUE  
LAUDERDALE LAKES FL 33319**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**5209 NW 67 AVE**

Suite, Apt. #, etc.

**5209 NW 67 AVE**

CHECK HERE IF MAKING CHANGES

City & State

**LAUDERHILL FL**

City & State

**LAUDERHILL FL**

4. FEI Number

**65-0225310**

Applied For

Not Applicable

Zip

**33319**

Country

**BROWARD**

Zip

**33319**

Country

**BROWARD**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUONG, VIET T  
5209 NW 67 AVENUE  
LAUDERHILL FL 33319**

Name

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

City

**FL**

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. 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
LUONG, VIET  
5209 NW 67 AVENUE  
LAUDERHILL FL 33319**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
TRAN, LOI MINH  
5209 NW 67 AVENUE  
LAUDERHILL FL 33319**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
LUONG, MINH  
5209 NW 67 AVENUE  
LAUDERHILL FL 33319**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
LUONG, THANHVAN THI  
5209 NW 67 AVENUE  
LAUDERHILL FL 33319**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSD**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

**SIGNATURE REQUIRED VIET LUONG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/03 954 802 0658**

CR2E034 (10/02)