

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90225 046 ***150.00

DOCUMENT # F02000001296

1. Entity Name
LT PAYROLL.COM, INC.



Principal Place of Business
**110 S.E. 6TH STREET, SUITE #1950
FT. LAUDERDALE, FL 33301**

Mailing Address
**110 S.E. 6TH STREET, SUITE #1950
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-067 6565

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD., 43RD FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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's signature required when appointing)

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SION, MAURICIO D	
STREET ADDRESS	110 S.E. 6TH STREET, SUITE #1950	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESKENAZI, ARIE	
STREET ADDRESS	110 S.E. 6TH STREET, SUITE #1950	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAIAS, EDUARDO	
STREET ADDRESS	110 S.E. 6TH STREET, SUITE #1950	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, JUAN JOSE	
STREET ADDRESS	110 S.E. 6TH STREET, SUITE #1950	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEININGER, BERNARDO	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 4000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERDAN, RICARDO	
STREET ADDRESS	110 S.E. 6TH STREET, SUITE #1950	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	

11. 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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	
STREET ADDRESS	
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)(1), 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 another like empowered.

SIGNATURE:

MAURICIO SION

April 30, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)