

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005770 AF

DOCUMENT # L00000007567

1. Entity Name  
LST & ASSOCIATES, LLC

01 APR 27 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7040 LAKE ELLENOR DRIVE, SUJET 130 7040 LAKE ELLENOR DRIVE, SUJET 130  
ORLANDO FL 32809 ORLANDO FL 32809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 3913 Kiawa Drive  
City & State Suite, Apt. #, etc.  
Orlando, FL 32837  
Zip Country Zip Country  
32837 U.S.A.

4. FEI Number 59-3662899 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HIU, SAU H  
7040 LAKE ELLENOR DRIVE, SUJET 130  
ORLANDO FL 32809

## 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.

SIGNATURE TUAN H. NGUYEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

CR2E083 (11/00)

## 9. MANAGING MEMBERS / MEMBERS

## 10. ADDITIONS / CHANGES

TITLE NAME MGR ☐ Delete  
STREET ADDRESS HIU, SAU H  
CITY-ST-ZIP 7040 LAKE ELLENOR DRIVE, SUJET 130  
ORLANDO FL 32809  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME PD ☐ Change ☒ Addition  
STREET ADDRESS NGUYEN, TUAN H.  
CITY-ST-ZIP 3913 Kiawa Drive  
Orlando, FL 32837  
VPD/SECRETARY ☒ Change ☐ Addition  
HIU, SAU H.  
14281 Lord Barclay Drive  
Orlando, FL 32837  
300004194303 ☐ Change ☐ Addition  
-05/10/01--01/17--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAU-H. HIU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01

(407) 812-9922