

DOCUMENT # P00000070196

## 1. Entity Name

L.T.V. INVESTMENTS, CORP.

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90066 042 \*\*\*150.00

## Principal Place of Business

1419 W. WATERS AVE., #121  
TAMPA FL 33604

## Mailing Address

1419 W. WATERS AVE., #121  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

Suite, Apt. #, etc.

# 105 The only  
Change

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

# 105

City &amp; State

Zip

Country

## 4. FEI Number

☒ Applied For  
☐ Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LOPEZ, TINA L  
1419 W. WATERS AVE., #121  
TAMPA FL 33604

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LINDA L	
STREET ADDRESS	1419 W. WATERS AVE., #121	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, TINA L	
STREET ADDRESS	1419 W. WATERS AVE., #121	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	CICCARELLO, VINCENT A	
STREET ADDRESS	1419 W. WATERS AVE., #121	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. 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		
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
NAME		
STREET ADDRESS		
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01

Date

876-1763

Daytime Phone #

CR2E034 (10/00)