

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/19

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90224 030 \*\*\*150.00

**DOCUMENT # P01000001813**

1. Entity Name

**LWIN INVESTMENTS, INC.**

Principal Place of Business  
**1326 PONCE DE LEON DRIVE**  
**FORT LAUDERDALE FL 33316**

Mailing Address  
**1326 PONCE DE LEON DRIVE**  
**FORT LAUDERDALE FL 33316**

**37785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-6373146 (65-6373146)**

Applied For

Not Applicable

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

**FORMAN, H. COLLINS JR**  
**H. COLLINS FORMAN, JR., P.A.**  
**1323 SE THIRD AVENUE**  
**FORT LAUDERDALE FL 33316**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P. LWIN, SEIN 1326 PONCE DE LEON DRIVE FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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:

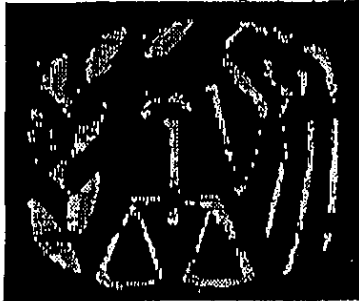
**Sein Lwin, M. D.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3000**

**4/25/02 954525**

**Internal Revenue Service**

Accounts Management Division I  
Branch II - Teletin Unit  
Stop 751  
PO Box 47421  
Chamblee, GA 30362  
Phone 678-530-7234/7235  
FAX 678-530-6156

Date: June 6, 2001

Employee Identification: 0716827046

TO:	SEIN LWIN	FAX:	954-525-3033
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	LWIN INVESTMENTS INC	Employer ID #	65-6373146
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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