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03 MAY -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P01000002273		
1. Entity Name LFTT, INC.		
Principal Place of Business 2699 STIRLING ROAD SUITE C405 FORT LAUDERDALE, FL 33312		Mailing Address 2699 STIRLING ROAD SUITE C405 FORT LAUDERDALE, FL 33312
2. Principal Place of Business		3. Mailing Address
3711 SW 47 th Ave., Ste. 204 Davie, FL 33314		3711 SW 47 th Ave., Ste. 204 Davie, FL 33314
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 FLORIDA REGISTERED AGENTS, INC. 2699 STIRLING ROAD A-201 FORT LAUDERDALE, FL 33312		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 submitting.) DATE _____		
		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	DP TWERSKY, JONATHAN MR 19196 MYSTIC POINTE DR. AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D VICE CHAIR GLEASON, KEVIN C. MR. 2699 STIRLING RD, STE A-201 FT. LAUDERDALE, FL 33312 ☐ 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
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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 907, 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 AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR		KEVIN C. GLEASON, VICE CHAIR DATED: APRIL 30, 2003 PHONE 954-893-7670

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