

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007859

1. Entity Name

LYT INVESTMENTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90029 047 ***150.00

Principal Place of Business

Mailing Address

21 NE 166 ST.
 N. MIAMI BCH. FL 33162
 US

21 NE 166 ST.
 N. MIAMI BCH. FL 33162-3439
 US

2. Principal Place of Business

3. Mailing Address

1440 John F Kennedy Cswy
 Suite, Apt. #, etc.
 # 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Bay Village, fl.

4. FEI Number

65-0528513

Applied For

Not Applicable

Zip

Country

Zip

33141

Country

USA

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

TSENG, GEORGE S
 21 NE 166 ST.
 N. MIAMI BCH. FL 33162

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	YEUNG, HOI-SANG	
STREET ADDRESS	1957 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TSENG, GEORGE S	
STREET ADDRESS	21 NE 166 ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEU, CARL	
STREET ADDRESS	3966 ADRA AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
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		

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		

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:

George Tseng 2/15/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)