2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001914

1. Entity Name

LT.O. CORPORATION OF FLORIDA

	·					
Principal Place of	Business	Mailing Address ONE EVERTRUST PLAZA 10TH FLOOR JERSEY CITY NJ 07302-3087 US				
1007 NORTH AMERI DODGE ISLAND MIAMI FL 33132 US	CA WAY					
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED Apr 12, 2000 8:00 am Secretary of State

Source S	1.1.0. 00	THE OHATION OF TEORIDA				04-12-20	00 90018 012	2 ***150.	00	
Standard	Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·						
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Surfe, Apt. #, etc. Surfe, Apt. #, etc. Surfe, Apt. #, etc. DO NOT WRITE IN THIS SPACE	2. Principal Place of Business		3. Mailing Address							
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Section Sect	City & State		City & State		4.	EE-OEAAAEO				
Name Street Address (P.O. Box Number is Not Acceptable) P. Zip Code	Zip	Country	Zip	Country	5.	Certificate of Status Desir	ed 🗆	8.75 Ad ee Require	ditional ed	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code		6. Name and Address of Current I	Registered Agent		7. 1	lame and Address of N	ew Registered A	gent		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, systed or primes name of registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to be statisfy, its Intangible Tax filling registered agent, or both, in the State of Florida. SIGNATURE Tax filling registered agent, or both, in the State of Florida. Intelligence in t			-	Name		- -	-	•		
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Signature, typed or primed name of regorized and refet if applicable (NOTE: Registance Agent signature required when reinstaling) PATE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP	8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in the State	of Florida.			
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WORL ULARIACH, JUGETH A JII. NOTE INCIDENT INCIDENT INCIDENT	NAME	CLARKEN, JOSEPH A JR.	X-X menere		RUTER,	HERMAN		Change		
STREET ADDRESS ONE EVERTRUST PLAZA		ONE EVERTRUST PLAZA								
TITY-ST-ZIP JERSEY CITY NJ 07302 13. I nereby certify that the information supplied with this filling 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 direct on the control of the										

of the corporation or the receiver of changed, or on an attachment with stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

201-915-3183