

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026486

1. Entity Name
L T D HOLDINGS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90029 007 ***150.00

Principal Place of Business Mailing Address
P O BOX 55-7551 MIAMI FL 33255
BOX 55.7603 MIAMI FL 33255-7603 US

2. Principal Place of Business 3. Mailing Address
BOX 7603
Suite, Apt. #, etc.

City & State City & State
MIAMI, FL

Zip Country Zip Country
33255 USA

4. FEI Number 65-0658317 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

LES, TIMOTHY
3911 NW 26 ST
MIAMI FL 33142

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]* TIMOTHY LES DATE 4/18/00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	LES, TIMOTHY	
STREET ADDRESS	3911 NW 26 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	LES, DAVID	
STREET ADDRESS	3911 NW 26 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* TIMOTHY LES DATE 4/18/00 305.599.8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE