

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90150 006 ***150.00

DOCUMENT # P97000059880

1. Entity Name
LTC WORKS FOR YOU, INC.



Principal Place of Business
**17790 NE 9 PLACE
NO MIAMI BCH FL 33162**

Mailing Address
**17790 NE 9 PLACE
NO MIAMI BCH FL 33162**



2. Principal Place of Business

17790 NE 9 PL

Suite, Apt. #, etc.

NMB FL

City & State

3. Mailing Address

17790 NE 9 PL

Suite, Apt. #, etc.

City & State

NMB FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0765568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33162

Country

DAOE

Zip
33162

Country

DAOE

6. Name and Address of Current Registered Agent

**BURSZTYN, YIGAL E
17790 NE 9 PLACE
NO MIAMI BCH FL 33162**

7. Name and Address of New Registered Agent

Name

N/A

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BURSZTYN, YIGAL E
17790 NE 9 PLACE
NO MIAMI BCH FL 33162**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BURSZTYN, BETTY
17790 NE 9TH PL
NMB FL 33162**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22 03 305-453-9523

Date

Daytime Phone #

CR2E034 (10/02)