## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000076915 Mar 03, 2000 8:00 am **Secretary of State** LTX SERVICES, INC. 03-03-2000 90204 012 \*\*\*150.00 Principal Place of Business Mailing Address 550 BILTMORE WAY 550 BILTMORE WAY **SUITE 1110 SUITE 1110** CORAL GABLES FL 33134 CORAL GABLES FL 33134-5721 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0867317 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Joseph J. Weisenfeld CORPORATION SERVICE-COMPANY Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way Suite 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Coral Gables, Zip Code 33134 8. The above named entity submits this statement for the urpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PDC TITLE ☐ Change ☐ Addition ☐ Delete TITLE STERN, RODOLFO NASSE NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY, STE. 1110 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 **VSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HORWITZ, ROBERTO NAME STREET ADDRESS 550 BILTMORE WAY, STE. 1110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Addition ☐ Delete TITLE TITLE SERVIANSKY, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY, STE. 1110 CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Defete STERN. EDUARDO NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY, STE. 1110 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete TITLE Change ☐ Addition TITLE ECKSTEIN, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 550 BILTMORE WAY, STE. 1110 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 contact 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 trusted employers to be supplemental report of the corporation or the receiver or trusted employers to be supplemental report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted employers to be supplemental report of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted employers to be supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on this report of supplemental report is true and the information indicated on the information indicated on this report of supplemental report is true and the information indicated on the changed, or on an attachment with an