

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90158 044 \*\*\*150.00

DOCUMENT # D98000073688

1. Entity Name  
L. T. D GROUP, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3604 CURRY FORD RD

3. Mailing Address  
same as principal office

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State

4. FEI Number  
59-3528037

Applied For  
 Not Applicable

Zip  
32806 Country  
USA

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

Name  
TRIVEDI REKHAN

Street Address (P.O. Box Number is Not Acceptable)

107 E VILLA CAPRI CIRCLE APT. 6

City  
DELAND FL Zip Code  
32724

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 Rekhan Trivedi

04-22-02

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
PD  
NAME  
LAKHANI MAVJIBHAI  
STREET ADDRESS  
107 E VILLA CAPRI CIRCLE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
STD  
NAME  
TRIVEDI REKHAN  
STREET ADDRESS  
107 E VILLA CAPRI CIRCLE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NPD  
NAME  
LAKANI LILABEN  
STREET ADDRESS  
107 E VILLA CAPRI CIRCLE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
DVP  
NAME  
TRIVEDI NIMISHA  
STREET ADDRESS  
107 E VILLA CAPRI CIRCLE  
CITY-ST-ZIP  
DELAND FL 32724

TITLE  
NAME  
STREET ADDRESS  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rekhan Trivedi

04-22-02 617 515 4240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)