

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091219

1. Entity Name
LTRT, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90224 003 ***150.00

Principal Place of Business
4201 N. HILLS DRIVE
HOLLYWOOD FL 33021

Mailing Address
4201 N. HILLS DRIVE
HOLLYWOOD FL 33021

00016548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2699 Stirling Rd.
Suite, Apt. #, etc.
C 405
City & State
Ft. Lauderdale, FL
Zip
33312
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0898351
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LASKO, SAMUEL DR.
4201 N. HILLS DRIVE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LASKO, SAM	
STREET ADDRESS	4100 N. MILLS DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P LASKO, SAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2699 Stirling Road Suite C405	
STREET ADDRESS	Ft. Lauderdale, FL 33312	
CITY-ST-ZIP		
TITLE	Jonathan Twersky	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2699 Stirling Rd. Suite C405	
STREET ADDRESS	Ft. Lauderdale, FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Date 1/19/01 Daytime Phone # 954-894-6000

CR2E034 (10/00)