

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105988

1. Entity Name

LTAIF MANAGEMENT SERVICE, INC.

Principal Place of Business

7300 S.W. 36TH STREET
MIAMI FL 33155

Mailing Address

7300 S.W. 36TH STREET
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0966368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name

Int Registered Agent

7. Name and Address of New Registered Agent

LTAIF, LAURA
7300 S.W. 36TH STREET
MIAMI FL 33155

Name JOSE LUIS LTAIF

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

7300 SW 36 Street

City Miami

FL

Zip Code 33155

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 typed or printed name of registered agent and title if applicable.

JOSE LUIS LTAIF

(NOTE: Registered Agent signature required when reinstating)

4/30/01
DATE

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, 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
NAME LTAIF, JOSE LUIS
STREET ADDRESS 7300 SW 36 STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JOSE LUIS LTAIF
STREET ADDRESS 7300 SW 36 STREET
CITY-ST-ZIP Miami FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LUIS LTAIF

4/30/01

Day

305 265-1555

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90178 026 ***150.00

A0067225



DO NOT WRITE IN THIS SPACE

NOTE

NOTE

CR2E034 (10/00)