2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681458

Entity Name

LANZO CONSTRUCTION CO., FLORIDA

FILED

00 MAY ~~AMENDED~~ 2 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED UBR

Principal Place of Business	Mailing Address
NW 44 STREET BCH FL 33064	1900 NW 44 STREET POMPANO BCH FL 33064-8706

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2011933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'ALESSANDRO, GUISEPPE 1900 NW 44TH ST POMPANO BEACH FL 33064	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 _____
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) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D'ALESSANDRO, QUIRINO 17455 IRIS CR. CLINTON TWNSHIP MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Antonio D'Alessandro 21788 Reflection Lane Boca Raton,Fl.33428 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS D'ALESSANDRO, QUISEPPE 6208 NW 72ND WAY PARKLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Victor J. Monzon-Aquirre 429 S.W. 27th Road Miami, Fl. 33129 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT D'ALESSANDRO, ANGELO 6689 NW 26TH WAY BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003279036--6 -05/06/00--01103--001 *****61.50 *****61.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TILLI, MATTHEW P 8302 NW 37TH STREET CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BEATY, ROBERT 111 1864 GOLFVIEW S. DAYTONA FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FEGHIYANGJEH, MASOOD 14735 SW 81 AVENUE MIAMI FL 33158	☐ Delete	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: _____ 4-27-00 (954) 979-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #