

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90016 047 ***158.75

DOCUMENT # 681458

1. Entity Name

LANZO CONSTRUCTION CO., FLORIDA

Principal Place of Business

**1900 NW 44 STREET
POMPANO BCH FL 33064**

Mailing Address

**1900 NW 44 STREET
POMPANO BCH FL 33064**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **D'ALESSANDRO, QUIRINO**
STREET ADDRESS **17455 IRIS CR.**
CITY-ST-ZIP **CLINTON TOWNSHIP MI**

TITLE **AS** ☐ Change ☒ Addition
NAME **Victor Monzon-Aguirre**
STREET ADDRESS **429 S.W. 27th Road**
CITY-ST-ZIP **Miami, Florida 33129**

TITLE **VS** ☐ Delete
NAME **D'ALESSANDRO, QUISEPPE**
STREET ADDRESS **6208 NW 72ND WAY**
CITY-ST-ZIP **PARKLAND FL**

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

TITLE **VT** ☐ Delete
NAME **D'ALESSANDRO, ANGELO**
STREET ADDRESS **6689 NW 26TH WAY**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **VP** ☐ Delete
NAME **TILLI, MATTHEW P**
STREET ADDRESS **8302 NW 37TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **AS** ☐ Delete
NAME **BEATY, ROBERT 111**
STREET ADDRESS **1864 GOLFVIEW**
CITY-ST-ZIP **S. DAYTONA FL 32119**

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

TITLE **AS** ☒ Delete
NAME **FEGHIYANGJEH, MASOOD**
STREET ADDRESS **14735 SW 81 AVENUE**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0127972