


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90075 025 ****61.25

DOCUMENT # 725300

1. Entity Name
LORRAINE CONDOMINIUM, INC.



Principal Place of Business
**410 SOUTHEAST 4TH AVENUE
HALLANDALE FL 33009**

Mailing Address
**410 SOUTHEAST 4TH AVENUE
HALLANDALE FL 33009**

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 **59-1648561**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MANNO, JOAN M.
2500 EAST HALLANDALE BEACH BLVD., STE. 319
HALLANDALE FL 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANATSELOS, ANNA 410 SE 4TH AVE #7 HALLANDALE FL 33009 <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CANATSELOS, CHARLIE 410 SE 4TH AVE #7 HALLANDALE FL 33009 <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDRICE, PIERRETTE 410 SE 4 AVE #4 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWINGE, STEVE 410 SE 4 AVE #5 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALISE, SUZETTE 410 SE 4TH AVE #3 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVIETRO, MICHAEL J 410 SE 4 AVE #8 HALLANDALE FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILDRICE, PIERRETTE 410 SE 4TH AVE. #4 HALLANDALE, FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D MALISE, SUZETTE 410 SE 4TH AVE #6 HALLANDALE FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D MARIA LAGUNA 410 SE 4TH AVE. #8 HALLANDALE FL. 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D ELIZABETH FORTUN 410 SE 4TH AVE #3 HALLANDALE FL. 33009

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna Canatselos* **1-5-03 954-454-2041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)