

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000003965

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: ANTHONY DE LORENZO INC.

Current Principal Place of Business:

956 MADISON AVE.
NEW YORK, NY 10021

New Principal Place of Business:

956 MADISON AVE.
NEW YORK, NY 10021 US

Current Mailing Address:

956 MADISON AVE.
NEW YORK, NY 10021

New Mailing Address:

956 MADISON AVE.
NEW YORK, NY 10021 US

FEI Number: 11-2733964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELORENZO, ANTHONY
411 NORTH CASEY KEY ROAD
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTC () Delete
Name: DELORENZO, ANTHONY
Address: 958 MADISON AVE.
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTC (X) Change () Addition
Name: DELORENZO, ANTHONY
Address: 956 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DELORENZO

PRES

04/26/2002

_____ Electronic Signature of Signing Officer or Director

_____ Date