

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90234 018 ***150.00

0024394 AV

DOCUMENT # M42468

1. Entity Name

NANCY LOMBARDI INCORPORATED

Principal Place of Business

Mailing Address

**8366 PINES BLVD
PEMBROKE PINES FL 33024**

**8366 PINES BLVD
PEMBROKE PINES FL 33024**



2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2753002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOMBARDI, NANCY
3610 YACHT CLUB DRIVE
PH 6
AVENTURA FL 33180**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
**PD
LOMBARDI, NANCY
3610 YACHT CLUB DRIVE PH6
AVENTURA FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Nancy Lombardi Pres
AT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/01 954-432-5660
Date Daytime Phone #

CR2E034 (5/01)

PLEASURE TRAVEL

8366 Pines Boulevard
Pembroke Pines, Florida 33024
954 432-5660 800 838-8366 Fax 954 432-7499
E-Mail: nancy.pleasuretv@wspan.com

Attachment
#M42468
C6073070

July 9, 2001

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: 59-2753002
Nancy Lombardi Incorporated
Document #M42468

Gentlemen:

Received the above referenced form in mail; however, this was a Late Notice. I NEVER RECEIVED ORIGINAL BILL!

I called your office today and it was suggested I send in the original amount due of \$150.00 with this explanation. My check #11666 in amount of \$150.00 is enclosed. Please accept this and mark my account paid in full.

Sincerely,



Nancy Lombardi, President
Nancy Lombardi Incorporated

P.S. My accountant just informed me that another client of his received his original bill in the mail just last week.

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