

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90124 001 ***158.75

DOCUMENT # P00000005340

1. Entity Name

LOMBARDO CONSTRUCTION COMPANY CORPORATION ✓

Principal Place of Business

Mailing Address

975 WEST 74 STREET
UNIT 106
HIALEAH FL 33014975 WEST 74 STREET
UNIT 106
HIALEAH FL 33014

2. Principal Place of Business

14360 Candlewood Ct.

3. Mailing Address

14360 Candlewood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33015

Country

USA

Zip

33015

Country

USA



DO NOT WRITE IN THIS SPACE

4. FFI Number

65-0975133

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOMBARDO, TOMAS
975 WEST 74 STREET
UNIT 106
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name: Tomas Lombardo
Street Address (P.O. Box Number is Not Acceptable):
14360 Candlewood Ct.
City: Hialeah FL Zip Code: 33015

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 Paula Lombardo

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LOMBARDO, TOMAS
STREET ADDRESS 975 WEST 74 STREET
CITY-ST-ZIP HIALEAH FL 33014TITLE D ☐ Delete
NAME LOMBARDO, PAULA
STREET ADDRESS 975 WEST 74 STREET
CITY-ST-ZIP HIALEAH FL 33014TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME V. President
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Paula Lombardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)