

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2004

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90303 030 ***150.00

DOCUMENT # P00000021808	
1. Entity Name CABINETS BY LORENTI, INC.	

DO NOT WRITE IN THIS SPACE

44039220

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 15690 68TH COURT NORTH	Suite, Apt. #, etc.
City & State LOXAHATCHEE FL	City & State
Zip 33470	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0985995	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name STEVE LORENTI Street Address (P.O. Box Number is Not Acceptable) 15690 68TH CT N City LOXAHATCHEE FL Zip Code 33470	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES, VP, SEC STEVE LORENTI 15690 68TH CT N LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Steve Lorenti* **STEVE LORENTI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

Date

Daytime Phone #