

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90417 024 ***150.00

DOCUMENT # P00000021808



1. Entity Name
CABINETS BY LORENTI, INC.

Principal Place of Business
1425 NW 66 AVENUE
POMPANO BEACH FL 33063

Mailing Address
1425 NW 66 AVENUE
POMPANO BEACH FL 33063



2. Principal Place of Business

15690 68 CT. N.

Suite, Apt. #, etc.
LOXAHATCHEE, FL.

City & State

33470

Zip

Country

3. Mailing Address

15690 68 CT. N.

Suite, Apt. #, etc.

LOXAHATCHEE, FL.

City & State

33470

Zip

Country

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 65-0985995

Applied For

Not Applicable

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

LORENTI, STEVE
1425 NW 66 AVENUE
POMPANO BEACH FL 33063

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

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

STEVE LORENTI

(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
LORENTI, STEVE
STREET ADDRESS
1425 NW 66 AVE
CITY-ST-ZIP
POMPANO BEACH FL 33063

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Lorenti
STEVE LORENTI **4/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)