

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90241 022 \*\*\*150.00

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

DOCUMENT # **PC00000070948**

1. Entity Name

**Lorenato Floor & more, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8803 S.W. 11th St.**

Suite, Apt. #, etc.

3. Mailing Address

**8803 S.W. 11th St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

4. FEI Number

**651030035**

Applied For

Not Applicable

Zip

**33433**

Country

**USA**

Zip

**33433**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Joao DeOliveira**

Street Address (P.O. Box Number is Not Acceptable)

**8803 S.W. 11th St.**

City

**Boca Raton**

FL

Zip Code

**33433**

**DO NOT WRITE IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PST D</b>		
	<b>Joao DeOliveira</b>	<b>8803 S.W. 11th Street</b>	<b>Boca Raton FL 33433</b>
	<b>Vice President</b>		
	<b>Wagner Oliveira</b>	<b>8803 S.W. 11th Street</b>	<b>Boca Raton, FL 33433</b>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Joao DeOliveira**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joao DeOliveira Pres. 954-605-3312**

Date

Daytime Phone #

CR2E034B (12/01)