

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000008879**

1. Entity Name **LOMBARDI - GLASER VENTURES, INC.**



FILED

03 SEP 30 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**120 NW 25 ST.**

3. Mailing Address  
**167 NW 25 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33127**

Country  
**USA**

Zip  
**33127**

Country  
**USA**

**RESTATEMENT**

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CARLOS VILLANUEVA**

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

**75 VALENCIA AVE. 4TH FLOOR**

City **CORAL GABLES,**

**FL**

Zip Code  
**33134**

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.

**DAVID LOMBARDI, PRESIDENT**

**9/29/03**

(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  
**PRESIDENT  
DAVID LOMBARDI  
167 NW 25 ST.  
MIAMI FL 33127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400023453914  
09/30/03--01093--006 \*\*300.00**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/29/03 (305) 695-1600**

Date

Daytime Phone #

CR200348 (12/02)

# Lombardi Properties

167 N.W. 25th St. Miami, FL 33127

September 29, 2003

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

**Re: Lombardi-Glaser Ventures, Inc (# PO1000008879)**

To Whom It May Concern:

With regard to the above referenced Entity, the registered agent ( Mr. Carlos Villanueva) had never forwarded the necessary paperwork to me for filing the renewal. He had been hired to form the Corporation at its inception, but did not represent me since then.

Therefore, I need to reinstate this Corporation as well as change the Registered Agent to me, David Lombardi. I am also hereby requesting that I be charged the lesser fee of \$150.00 at this time for last year, and \$150.00 for this year as well for a total which is enclosed of \$300.00.

Thank you in advance for your assistance in this matter.

Sincerely,



David Lombardi  
President  
Lombardi-Glaser Ventures, Inc.