

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90022 030 ***150.00

DOCUMENT # P01000033519

1. Entity Name

LANZANO ENTERPRISE, INC.

Principal Place of Business

**12608 NORTH NEBRASKA AVENUE
TAMPA FL 33612**

Mailing Address

**6215 NORTH CLARK AVENUE
TAMPA FL 33614**

2. Principal Place of Business

SAME

3. Mailing Address

1136 B E. FLETCHER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FLORIDA

4. FEI Number

59-3709548

Applied For

Not Applicable

Zip

Country

Zip

Country

33612

HILLSBOROUGH

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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.

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT & TREASURER**
STREET ADDRESS **CARLOS A. SGROI**
CITY-ST-ZIP **6903 CLINTON WAY**
WESLEY CHAPEL, FLA. 33544

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V. PRESIDENT & SECRETARY**
STREET ADDRESS **MARIA F. SGROI**
CITY-ST-ZIP **6903 CLINTON WAY**
WESLEY CHAPEL, FLA. 33544

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 my address, with all other like empowered.

SIGNATURE:

CARLOS SGROI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

813-972-1090

Date

Daytime Phone #

CR2E034 (9/01)