

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90049 040 ***150.00

0422601 AV

DOCUMENT # P01000086923

1. Entity Name
DILORETO, INC.



Principal Place of Business
**106 HALF MOON BAY CIRCLE, G-3
HYPOLUXO FL 33462**

Mailing Address
**106 HALF MOON BAY CIRCLE, G-3
HYPOLUXO FL 33462**

11005711



2. Principal Place of Business

110 HALF MOON CR 63
Suite, Apt. #, etc.

3. Mailing Address

110 HALF MOON CR 63
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hypoluxo FL
Zip **33462** Country **Palm Beach**

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Hypoluxo FL
Zip **33462** Country **Palm Beach**

4. FEI Number **65-1136397**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, STEVEN A
515 NORTH FLAGLER DRIVE STE 300 PAVILION
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS DILORETO, GREGORY T SR 106 HALF MOON BAY CIRCLE, G-3 HYPOLUXO FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DILORETO, ELAINE M SR 106 HALF MOON BAY CIRCLE, G-3 HYPOLUXO FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ELAINE M DILORETO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-03** Daytime Phone # **561 704 6229**

CR2E034 (10/02)