

UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90125 032 ***150.00

DOCUMENT # *P02000058479* ✓ (L)

1. Entity Name
LOMBARDOZZI INC

Principal Place of Business Mailing Address

7631 S.W. 102ND PLACE 7631 S.W. 102ND PLACE
MIAMI, FL 33173 MIAMI, FL 33173

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ELBA MAGNO
7631 S.W. 102ND PLACE
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number's 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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	<i>DIRECTOR</i>	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	<i>EUGENIO A. LOMBARDOZZI</i>			NAME			
STREET ADDRESS	<i>7631 S.W. 102ND PLACE</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>			CITY-ST-ZIP			
TITLE	<i>DIRECTOR</i>	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	<i>ESTEBAN LOMBARDOZZI</i>			NAME			
STREET ADDRESS	<i>7631 S.W. 102ND PLACE</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>			CITY-ST-ZIP			
TITLE	<i>DIRECTOR</i>	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	<i>EUGENIO LOMBARDOZZI JR</i>			NAME			
STREET ADDRESS	<i>7631 S.W. 102ND PLACE</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>			CITY-ST-ZIP			
TITLE	<i>VICE-PRESIDENT</i>	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	<i>ELBA MAGNO</i>			NAME			
STREET ADDRESS	<i>7631 S.W. 102ND PLACE</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 an address, with all other like entries, powered

SIGNATURE: *Elba Magno* *ELBA MAGNO* *VICE-PRESIDENT* *06-05-03*