04-07-2003 90138 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 18 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000164422

1. Entity Name
Lomonico Management Corporation

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
100 NW 73rd Ave	100 NW 73rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: United States	Zip: 33024 Country: USA

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: Deborah J Hearin

Street Address (P.O. Box Number is Not Acceptable): 100 NW 73rd Ave

City: Pembroke Pines FL Zip Code: 33024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	~~Registered Agent~~ ~~Deborah J Hearin~~ ~~100 NW 73rd Ave~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Anthony V Lomonjco 100 NW 73rd Ave, Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Deborah J Hearin 100 NW 73rd Ave, Pembroke Pines Fl 33024
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CR2E034B (12/02)

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: Deborah J Hearin Deborah J Hearin 2/5/03 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #