

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90084 048 ***150.00

DOCUMENT # P02000108371

1. Entity Name
DI LORENZO, INC.



Principal Place of Business
**9010 SW 137 AVE STE 204
MIAMI FL 33186**

Mailing Address
**9010 SW 137 AVE STE 204
MIAMI FL 33186**

2. Principal Place of Business

13353-SS SW 42ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

Zip
33175

Country

Zip

Country

4. FEI Number

03-0490770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DI LORENZO, GRACIELA
9010 SW 137 AVE STE 204
MIAMI FL 33186**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **P** ☐ Delete
NAME **DI LORENZO, LUCIANO**
STREET ADDRESS **600 NE 36 ST APT 1016**
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **S** ☐ Delete
NAME **MEDINA, SANDRA**
STREET ADDRESS **9104 SW 151 CT**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **S** ☒ Delete
NAME **DI LORENZO, SERGIO**
STREET ADDRESS **10822 SW 89 LN**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **T** ☒ Delete
NAME **DI LORENZO, CARLA**
STREET ADDRESS **10822 SW 89 LN**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D/V** ☐ Delete
NAME **DI LORENZO, EMIDIO**
STREET ADDRESS **10822 SW 89 LN**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D/T** ☐ Delete
NAME **DI LORENZO, GRACIELA**
STREET ADDRESS **10822 SW 89 LN**
CITY-ST-ZIP **MIAMI FL 33176**

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

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

Luciano Di Lorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)