

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
13353-55 SW 42 ST.

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State

Zip 33175 **Country**

4. FEI Number
03-0490770

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DI LORENZO, LUCIANO	
STREET ADDRESS	600 NE 36 ST APT 1016	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, SANDRA	
STREET ADDRESS	9104 SW 151 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DI LORENZO, SERGIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DI LORENZO, CARLA	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	DI LORENZO, EMIDIO	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	DI LORENZO, GRACIELA	
STREET ADDRESS	10822 SW 89 LN	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **DI LORENZO** 01/08/2003 (305) 480-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)