2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000108371

1. Entity Name

DI LORENZO, INC.



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

01-10-2003 90084 048 ***150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P DI LORENZO, LUCIANO STREET ADDRESS MAME STREET ADDRESS MIAMI FL 33137 TITLE MAME DI LORENZO, SERGIO TITLE MAME DI LORENZO, SERGIO TITLE MIAMI FL 33196 TITLE					WE THE	′					
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### Addition Processing Process	Suite, Apt.					_	CHECK HERE IF MA	AKING C	HANGES		
Security Security Security Security Security Securificate of Status Desired See Required See Re								70	_ 	<u> </u>	
DI LORENZO, GRACIELA 9010 SW 137 AVE STE 204 MAMI FL 33186 City FL Zip Code 6. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or present rear of registered agent and to a "septiative." FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DI LORENZO, LUCIAND SITIET ACRESS 500 FB 85T APT 1016 SITIET ACRESS 500 FB 85T APT 1016 SITIET ACRESS 500 FB 85T APT 1016 SITIET ACRESS 501 BAMAII FL 33176 TITLE DI LORENZO, CARLA SITIET ACRESS 501 LORENZO, CARLA SITIET ACRESS 502 LORENZO 503 LORENZO, CARLA SITIET ACRESS 504 LORENZO 504 LORENZO 505 LORENZO 505 LORENZO 505 LORENZO 506 LORENZO 507 L	Zip	`_/ _	Zip	Coun	try	5.	- 		3.75 Add	ditional	
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12. Thereby 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.			h this filing does not availe.			Sortion	110 07(3)(i) Florida Statutas 1 6 miles	or ocalif	that tha !-	oformation	

2. Thereby dearly that is information supplied with his hilling does not quality for the exhibitor stated in Section 1.19. In 19. To 7.3(i), Florida Statutes. Find 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 outly, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

Daytime Phone i