


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90180 024 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P93000023507**  
 1. Entity Name  
**CARLOS M. LORENTE, P.A.**



Principal Place of Business  
 633 SE 3RD AVENUE  
 SUITE 4-F  
 FORT LAUDERDALE, FL 33301 US

Mailing Address  
 633 SE 3 AVENUE  
 SUITE 4-F  
 FORT LAUDERDALE, FL 33301 US

90073869

2. Principal Place of Business  
 5470 S.W. 17 St.  
 Suite, Apt. #, etc.

3. Mailing Address  
 5470 S.W. 17 St.  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Ft. Lauderdale Ft. Lauderdale

Zip Country Zip Country  
 33317 USA 33317 USA

4. FEI Number 65-0405373 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 LLORENTE, CARLOS M  
 633 SE 3RD AVE  
 SUITE 4-F  
 FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
 Name LLORENTE, CARLOS M.  
 Street Address (P.O. Box Number is Not Acceptable)  
 5470 S.W. 17 St.  
 City ~~Ft.~~ Ft. Lauderdale FL Zip Code 33317

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 4/3/03

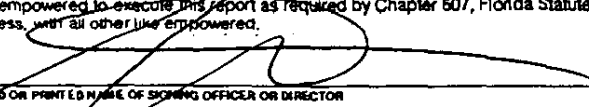
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

**FILE NOW! FEES \$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	LLORENTE, CARLOS M 633 SE 3RD SUITE 4-F FORT LAUDERDALE, FL	TITLE LLORENTE CARLOS M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE 4/3/03

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR