

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081905

1. Entity Name

THE LORENZO DESIGN GROUP, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90055 049 ***150.00

Principal Place of Business
5241 NW 52ND ST
COCONUT CREEK FL 33073

Mailing Address
P.O. BOX 451
4691 N UNIVERSITY DR.
CORAL SPRINGS FL 33067-4620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0532174

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FASITTA, LORENZO
5241 NW 52ND ST
COCONUT FL 33073

Name Pagano, Rosemary F
Street Address (P.O. Box Number is Not Applicable) 7772 NW 55th Place
City Coral Springs FL 33067

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME FASITTA, LORENZO
STREET ADDRESS 5241 NW 52ND ST
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE Pagano, Rosemary F ☐ Change ☒ Addition
NAME
STREET ADDRESS 7772 NW 55th Place
CITY-ST-ZIP Coral Springs FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)