

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90134 019 \*\*\*150.00

**DOCUMENT # P98000022785**

1. Entity Name

**FIORENZI REAL ESTATE INVESTMENT RENOVATIONS, INC**



Principal Place of Business  
**301 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32168**

Mailing Address  
**301 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3499997**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

**4/15/03**

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD FIORENZI, ROBERT E. 301 LIVE OAK STREET NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**

**386423-8796**  
Daytime Phone #

CR2034 (10/02)

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

Attachment

**DOCUMENT #**

1. Entity Name

Fiorenzi Real Estate Investment Renovations  
Inc.



90137281  
P98000022785

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

301 Live Oak St.

Suite, Apt. #, etc.

City & State

New Smyrna Bch., FL.

Zip

32168

Country

USA

3. Mailing Address

301 Live Oak St.

Suite, Apt. #, etc.

City & State

New Smyrna Bch., FL.

Zip

32168

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593499997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert E Fiorenzi

Street Address (P.O. Box Number is Not Acceptable)

301 Live Oak St.

City

New Smyrna Bch.

FL

Zip Code

32168

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

5/57/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Robert E Fiorenzi,  
301 Live Oak St.,  
New Smyrna Bch., FL. 32168

TITLE  
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SIGNATURE:

Robert E Fiorenzi

5/07/03

386423-8796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)