

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90124 030 \*\*\*150.00

**DOCUMENT # P98000030509**

**1. Entity Name**  
**LAURETI PUBLISHING, INC.**



**Principal Place of Business**  
**1450 WEST 21ST STREET**  
**SUITE #4**  
**MIAMI BEACH FL 33140**

**Mailing Address**  
**1450 WEST 21ST STREET**  
**SUITE #4**  
**MIAMI BEACH FL 33140**



**2. Principal Place of Business**

**1800 Sunset Harbor Dr.**  
**Suite, Apt. #, etc.**  
**#2007**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**  
**MIAMI BEACH**

**City & State**

**4. FEI Number** **65-0824905**

**Applied For**  
**Not Applicable**

**Zip** **FL** **Country** **33139**

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**

**LAURETI, MARCO**  
**1450 WEST 21ST STREET**  
**SUITE #4**  
**MIAMI BEACH FL 33140**

**7. Name and Address of New Registered Agent**

**Name** **LAURETI, MARCO**  
**Street Address (P.O. Box Number is Not Acceptable)** **1800 Sunset Harbor Dr., #2007**  
**City** **MIAMI BEACH** **FL** **Zip Code** **33139**

**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**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **LAURETI, MARCO A**  
**STREET ADDRESS** **1450 W 21ST ST. STE #4**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33140**

**TITLE** **P** ☒ **Change** ☐ **Addition**  
**NAME** **LAURETI, MARCO A**  
**STREET ADDRESS** **P.O. Box 190359**  
**CITY-ST-ZIP** **MIAMI BEACH, FL 33119**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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 reports 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**

**2/1/03** **305-673-5875**

**Date** **Daytime Phone #**

CR2E034 (10/02)