

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051907

1. Entity Name

LOMBARDO INVESTMENTS, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90092 039 \*\*\*150.00

Principal Place of Business

6406 SARANAC CIRCLE  
 DAVIE FL 33331

Mailing Address

6406 SARANAC CIRCLE  
 DAVIE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877122

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

LOMBARDO, PAUL C  
 6406 SARANAC CIRCLE  
 DAVIE FL 33331

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME P  
 STREET ADDRESS LOMBARDO, PAUL  
 CITY-ST-ZIP 6406 SARANAC CIRCLE  
 DAVIE FL 33331

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

TITLE ☐ Delete  
 NAME TS  
 STREET ADDRESS LOMBARDO, TRIANA L  
 CITY-ST-ZIP 6406 SARANAC CIRCLE  
 DAVIE FL 33331

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

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS LOMARDO, ROSS  
 CITY-ST-ZIP 2340 N.W. 83RD AVENUE  
 SUNRISE FL 33322

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

TITLE ☐ Delete  
 NAME  
 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 Lombardo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/00

Daytime Phone #

9544342195

CR2E034 (5/00)

attachment DOC#: P98000051907  
ADD 7/19/15



August 1, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Lombardo Investments, Inc.  
Document # P98000051907  
FEIN 65-0877122

Dear Madam/Sir:

We enclose herewith the 2000 Uniform Business Report for the above-referenced corporation, along with a check in the amount of \$150.00. The corporation erroneously mailed the original report to us along with some other information, which was filed away until recently.

We hereby respectfully request your acceptance of the report with the \$150.00 check attached and waiver of the late filing penalty. This was clearly an oversight, and we appreciated your consideration and cooperation. If there are any questions, please call at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. Marconi", is written over a horizontal line.

Robert M. Marconi