

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048566

1. Entity Name

LAWRENCE J. FORNO, P.A.

Principal Place of Business

2401 E. ATLANTIC BLVD., #206  
POMPANO BEACH FL 33062

Mailing Address

2401 E. ATLANTIC BLVD., #206  
POMPANO BEACH FL 33062

2. Principal Place of Business

1620 S. Ocean Blvd.  
Suite, Apt. #, etc. 3J

3. Mailing Address

P.O. Box 1327  
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO FL

Zip

33062

Country

US

Zip

33061

Country

US

6. Name and Address of Current Registered Agent

FORNO, LAWRENCE J  
2401 E. ATLANTIC BLVD., #206  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name LAWRENCE J. FORNO  
Street Address (P.O. Box Number is Not Acceptable)  
1620 S. Ocean Blvd.  
City POMPANO BEACH FL Zip Code 33062

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]*

LAWRENCE J. FORNO

4/14/01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNO, LAWRENCE J 2401 E ATLANTIC BLVD #206 POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNO, LAWRENCE J 1620 S. Ocean Blvd # 3J POMPANO BEACH FL 33062	<input checked="" 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
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

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

LAWRENCE J. FORNO (954) 942-1330  
4/14/01 Date Daytime Phone #

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90301 032 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)