

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**  
07-28-2003 90145 010 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000069476**

1. Entity Name  
**C L ARCHITECTS AND CONTRACTORS, CORP.**



Principal Place of Business  
555 N.E. 15TH STREET, STE 19 G  
MIAMI, FL 33132

Mailing Address  
555 N.E. 15TH STREET, STE 19 G  
MIAMI, FL 33132

2. Principal Place of Business  
**11858 SW 97 Terr**  
Suite, Apt. #, etc.

3. Mailing Address  
**11858 SW 97 Terr**  
Suite, Apt. #, etc.

City & State  
**Miami FL**  
Zip  
**33186** Country

City & State  
**Miami FL**  
Zip  
**33186** Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0940857** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LANZA, CARLOS**  
555 N.E. 15TH STREET, STE 19 G  
MIAMI, FL 33132

7. Name and Address of New Registered Agent  
Name  
**CARLOS LANZA**  
Street Address (P.O. Box Number is Not Acceptable)  
**11858 SW 97 Terr**  
City  
**Miami FL** Zip Code  
**33186**

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's signature required when reinstating)

DATE

**7/24/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$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	PVT	<input type="checkbox"/> Delete
NAME	LANZA, CARLOS	
STREET ADDRESS	555 N.E. 15TH STREET, STE 19 G	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS LANZA	
STREET ADDRESS	11858 SW 97 Terr	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/03**

Date

**305 274-9191**

Daytime Phone #

CR2E034 (10/02)

Attachment

90147791

C L ARCHITECTS AND CONTRACTORS, CORP.  
11858 SW 97 TERR  
MIAMI, FL 33186

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
PO BOX 1500  
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P99000069476

We are in receipt of the second notice to pay the annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

  
CARLOS LANZA- PRESIDENT