

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90176 012 \*\*\*150.00

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DOCUMENT # **V18516**



1. Entity Name  
**RICARDO LORENZO LAWN SERVICE CORP.**

Principal Place of Business  
**8962 N.W. 145 LANE  
MIAMI LAKES FL 33018  
US**

Mailing Address  
**8962 N.W. 145 LANE  
MIAMI LAKES FL 33018  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0322533**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**LORENZO, RICARDO  
8962 N.W. 145 LANE  
MIAMI LAKES FL 33018**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LORENZO, RICARDO</b>	
STREET ADDRESS	<b>8962 NW 145TH LANE</b>	
CITY-ST-ZIP	<b>MIAMI LKS FL 33018</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LORENZO, BLANCA</b>	
STREET ADDRESS	<b>8962 NW 145 LANE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33018</b>	
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	<del>LORENZO, RICARDO</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LORENZO, RICARDO</del>	
STREET ADDRESS	<del>8962 NW 145 LANE</del>	
CITY-ST-ZIP	<del>MIAMI LAKES, FL 33018</del>	
TITLE	<del>LORENZO, BLANCA</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LORENZO, BLANCA</del>	
STREET ADDRESS	<del>8962 NW 145 LANE</del>	
CITY-ST-ZIP	<del>MIAMI LAKES, FL 33018</del>	
TITLE	<b>V/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORENZO, BLANCA</b>	
STREET ADDRESS	<b>8962 NW 145 LANE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33018</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ACANDA, MARLENE</b>	
STREET ADDRESS	<b>8922 NW 145 LANE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33018</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 11/01/02

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

04/23/03 (305) 558-3255  
Date Daytime Phone #