

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90019 025 \*\*\*\*61.25

**DOCUMENT # N97000003525**

1. Entity Name

**THE LORENA OWNERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O PAUL OR RACHEL BAUM  
 16473 NE 33RD AVENUE  
 N. MIAMI BEACH FL 33160

C/O PAUL OR RACHEL BAUM  
 16473 NE 33RD AVENUE  
 N. MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

830 10TH ST.

Suite, Apt. #, etc.

Miami Bch, FL

City & State

33139

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0991219

Applied For

Not Applicable

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

BAUM, PAUL A  
 10951 REDHAWK ST.  
 PLANTATION FL 33324

Name

Baum, Paul A

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

16473 NE 33 Ave.

No. Miami Bch

City

FL

Zip Code

33160

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME BAUM, PAUL A  
 STREET ADDRESS 10951 REDHAWK ST.  
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE TD ☐ Delete  
 NAME BAUM, RACHEL  
 STREET ADDRESS 10951 REDHAWK ST.  
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE SD ☐ Delete  
 NAME BAUM, LOREN M  
 STREET ADDRESS 1673 BAY RD. #405  
 CITY-ST-ZIP MIAMI BEACH FL 33139

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 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 617, 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: *Paul A Baum*

2/03/01 (305) 949 7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)