LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 22 PM 4:01

DOCUMENT # A95000000247

1. Entity Name

LORENZO PROPERTIES, LTD.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4310 NW 35 Avenue	4310 NW 35 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33142 Country:	Zip: 33142 Country:

DUE BY MAY 1

4. FEI Number: 65-0587752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Esquire Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 780 NW LeJeune Rd, Suite 324

City: Miami FL Zip Code: 33126

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,800.00	$43,458.10	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P95000046904	STREET ADDRESS	
NAME	Lorenzo Properties I, Inc.	CITY-ST-ZIP	
STREET ADDRESS	4310 NW 35 Avenue		
CITY-ST-ZIP	Miami, FL 33142		
DOCUMENT #		STREET ADDRESS	100006592001--8
NAME		CITY-ST-ZIP	-07/23/02--01054--008
STREET ADDRESS			****628.75 ****392.97
CITY-ST-ZIP			
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CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Humberto Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #