

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

A95000000935

DOCUMENT # A95000000935

1. Entity Name

LORENZO PROPERTIES III, LTD.

FILED

02 AUG 16 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4310 NW 35 Avenue

Suite, Apt. #, etc.

3. Mailing Address

4310 NW 35 Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 11

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0587529

Applied For
Not Applicable

Zip
33142

Country

Zip
33142

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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 beneficial owner, if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$9,800.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$151,858.84

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **P95000046914**
NAME **Lorenzo Properties III, Inc.**
STREET ADDRESS **4310 NW 35 Avenue**
CITY-ST-ZIP **Miami, FL 33142**

STREET ADDRESS
CITY-ST-ZIP
30000 7214793-4
-08/20/02-01012-004

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Payable phone #

Humberto Lorenzo

STAPLE CHECK HERE

OR2E003B (12/01)