

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002555

1. Entity Name

LORENZO FAMILY, LTD.

FILED
May 02, 2000 8:00 am,
Secretary of State

Principal Place of Business

C/O DAVIS, DEVINE, GOODMAN & WELLS
ATTN: JOHN DEVINE 777 BRICKELL AVE STE 980
MIAMI FL 33131

Mailing Address

C/O DAVIS, DEVINE, GOODMAN & WELLS
ATTN: JOHN DEVINE 777 BRICKELL AVE STE 980
MIAMI FL 33131

TALLAHASSEE, FLORIDA



2. Principal Place of Business

242 N.W. LE JEUNE RD
Suite, Apt. #, etc.
3RD FLOOR

3. Mailing Address

242 N.W. LE JEUNE RD
Suite, Apt. #, etc.
3RD FLOOR

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 65-0876354

Applied For
Not Applicable

Zip Country
33126 U.S.

Zip Country
33126 USA

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

DEVINE, JOHN W ESQ
C/O DAVIS, DEVINE, GOODMAN & WELLS
777 BRICKELL AVENUE, SUITE 980
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000095958
NAME LORENZO MANAGEMENT CORPORATION
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 980
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR 003 (9/98)