

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

5/1

05-06-2003 90028 018 ****61.25

DOCUMENT # NO2000003646

1. Entity Name

DR. LUCIA LORENZO FOUNDATION, INC.



Principal Place of Business

**9321 SOUTHWEST 100TH AVENUE ROAD
MIAMI FL 33165**

Mailing Address

**POST OFFICE BOX 141307
MIAMI FL 33134**

55047483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0442198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

LUCIA LORENZO

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

SANTILLANA AVE

218 SANTIAGO AVE SUITE #1

City

COVINGTON GA

Zip Code

30134

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **LORENZO, ENID**
STREET ADDRESS **9321 SOUTHWEST 100TH AVENUE ROAD**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SVD** ☐ Delete
NAME **BRITO, BEATRIZ**
STREET ADDRESS **9321 SOUTHWEST 100TH AVENUE ROAD**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ Delete
NAME **LORENZO, LUIS**
STREET ADDRESS **9321 SOUTHWEST 100TH AVENUE ROAD**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone

CR2E037 (10/02)