2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075399

1. Entity Name

LORENZ CORPORATION

APPROVED AND FILED
01 OCT -5 PM 3:02
SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
TURNBERRY PLAZA 702-B 2875 N.E. 191 ST AVENTURA, FL 33180	19390 COLLINS AVE STE PH21 MIAMI BEACH, FL33160

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1037540 ☐ 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
ABRAHAM, LEDWARD J. ESQ 7270 N.W. 12 ST STE 580 MIAMI, FL 33126	Name JUAN P. LORENZINO Street Address (P.O. Box Number is Not Acceptable) 2875 N.W. 191 ST #702B City AVENTURA FL Zip Code 33180

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) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00! After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUAN P. LORENZINO 19390 COLLINS AVE STE PH2 SUNNY ISLES, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600004649636--4 -10/23/01--01038--003 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P.02

September 24, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report 2001 for Lorenz Corporation
#P00000075399

Enclosed please find the aplication and a check in the amount of $158.75 for the 2001 Annual Report and the certificate of status. I never receive the notice to file the Annual Report. I apologize for the inconvenience.

Sincerely,

Juan P. Lorenzino PD
19390 Collins Ave
Suite PH2
Sunny Isles , Fl 33160

PD: MY NEW ADDRESS IS
3075 NE 190 STREET #106
AVENTURA, FL 33180