

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000075399

1. Entity Name:

LORENZ CORPORATION

Principal Place of Business

Mailing Address

TURNBERRY PLAZA 702-B 19390 COLLINS AVE
2875 N.E. 191 ST STE PH213
AVENTURA, FL 33180 MIAMI BEACH, FL33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

65-1037540

Applied For

Not Applicable

Zip

Country

Zip

Country

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, EDWARD NJ. 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. This 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

Juan P. Lorenzino

(Signature of officer or director of registered agent and principal officer)

(NOTE: Registered Agent signature required when maintaining)

DATE

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

☐

FILE NUMBER: 65-1037540

ASSAY MAY 11 2001 Fee will be \$250.00

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 PD
NAME JUAN P. LORENZINO
STREET ADDRESS 19390 COLLINS AVE STE PH2
CITY-STATE-ZIP SUNNY ISLES, FL 33160

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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)(b), 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 recorder 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:

Juan P. Lorenzino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P. 02

APPROVED
AND
FILED

01 OCT -5 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600004649636-4

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****158.75 ****158.75

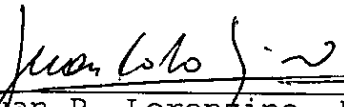
September 24, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report 2001 for Lorenz Corporation
#P00000075399

Enclosed please find the application 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