


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

U430030 AV

DOCUMENT # P00000075399 <small>1. Entity Name</small>	
LORENZ CORPORATION	

FILED
03 DEC 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

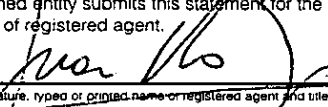
Principal Place of Business TURNBERRY PLAZA 702NB 2875 N.E. 191 STREET MIAMI BEACH, FL 33160	Mailing Address 3075 N.E. 190 Street No. A-106 AVENTURA, FL 33180
2. Principal Place of Business 2123 N.E. 203 TERR Suite, Apt. #, etc.	3. Mailing Address 2123 N.E. 203 TERR Suite, Apt. #, etc.

800025554098
12/17/03--01020--016 **158.75
☐ CHECK HERE IF MAKING CHANGES

City & State N. MIAMI BEACH FLORIDA	City & State N. MIAMI BEACH, FLORIDA	4. FEI Number 65-1037540	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33179	Country USA	Zip 33179	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LORENZINO, JUAN P 2875 N.E. 191 STREET AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 2123 N.E. 203 TERR City: N. MIAMI BEACH FL Zip Code: 33179
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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.

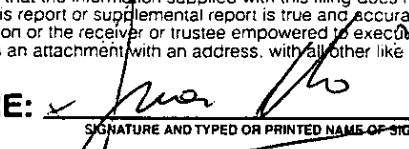
SIGNATURE:  **DATE:** _____

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

FILE NOW!! FEE IS \$150.00 ATTENTION: 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete LORENZINO, JUAN P 2875 N.E. 191 Street Miami Beach FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2123 N.E. 203 TERR N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DATE:** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

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Lorenz Corporation
2123 N.E. 203 Terrace
N. Miami Beach, FL 33180

December 9, 2003

Florida Department of Revenue
Division of Corporations
Glenda E. Hood
Secretary of State
P.O. Box 1500
Tallahassee, FL 32302

Re: LORENZ COPORATION
P00000075399

Enclosed please find check in the amount of \$158.75 for the year 2003 UNIFORM BUSINESS REPORT. I never received the original form. I apologize for the inconvenience this may have caused.

Sincerely,

Juan Pablo Lorenzino