

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90053 020 \*\*\*150.00

**DOCUMENT # P95000005222**

**1. Entity Name**  
**LORENA, INC.**

**Principal Place of Business**  
**2151 LEJEUNE ROAD**  
**SUITE 312**  
**CORAL GABLES FL 33134**

**Mailing Address**  
**2151 LEJEUNE ROAD**  
**SUITE 312**  
**CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**999 PONCE DE LEON BLVD**

**3. Mailing Address**  
**999 PONCE DE LEON BLVD**

Suite, Apt. #, etc.  
**1045**  
 City & State  
**CORAL GABLES, FL**

Suite, Apt. #, etc.  
**1045**  
 City & State  
**CORAL GABLES FL**

**4. FEI Number** **65-0549054** Applied For  
 Not Applicable

Zip **33134** Country  
 Zip **33134** Country

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MASACHS, JOSE**  
**2151 LEJEUNE ROAD**  
**SUITE 312**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 PONCE DE LEON BLVD, #1045**  
 City **CORAL GABLES** **FL** Zip Code **33134**

**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]* **JOSE MASACHS** DATE **1/30/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MASACHS, JOSE</b>
STREET ADDRESS	<b>2151 LEJEUNE ROAD, #312</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>999 PONCE DE LEON BLVD, #1045</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]* **JOSE MASACHS** DATE **1/30/02** DAYTIME PHONE # **305-857-0037**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)