2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046904 LORENZO PROPERTIES I, INC.

Principal Place of Business

Mailing Address

4310 NW 35 AVE MIAMI FL 33142

4310 NW 35 AVE MIAMI FL 33142-4323

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90165 044 ***150.00

US		US	US						
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE				
		Suite, Apt. #, etc.							
		City & State							pplied For lot Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add	litional	
	6. Name and Address of Cu	rrent Registered Agent		7. N	lame and Address of New Regi	stered Ag	ent		
LORENZO, HUMBERTO 4310 NW 35 AVE MIAMI FL 33142				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After MAY 1, 2000			VIII. Registered Agent signature required. VIII. FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of Signature)	nostating) 10. Election Campaign Finance Trust Fund Contribution.	DATE		0 May Be to Fees	
11.	OFFICERS	AND DIRECTORS	12.		I DITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZO, HUMBERTO 4310 NW 35 AVE MIAMI FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	25E034 (9/99)
NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition] 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Continu	110 07/2VI) Florido Statutos 15		☐ Change	Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR