FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079142

1. Entity Name

LORENZO TORREZ PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 97-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
310 S. Dillard St.	P.O. Box 770363
Suite, Apt. #, etc.: 405	Suite, Apt. #, etc.: ~~405~~
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country: USA	Zip: 34777 Country: USA

4. FEI Number: 59-3455599 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DONNA L. DRAVES

Street Address (P.O. Box Number is Not Acceptable): 120 E. Concord St.

City: Orlando FL Zip Code: 32801

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: Donna L. Draves DONNA L. DRAVES 4/24/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P D
NAME	Lorenzo Torrez
STREET ADDRESS	310 S. Dillard St., Suite 405
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	700005507907--6
NAME	-05/14/02--01018--010
STREET ADDRESS	***1508.75 ***1508.75
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CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorenzo Torrez 4/24/02 (407)656-8967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE