

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90004 019 \*\*\*150.00

**DOCUMENT # P97000009922**

**1. Entity Name**  
**SAN LORENZO, INC.**

**Principal Place of Business**

**GOLDEN BAKE SHOP**  
**6350 FOREST HILL BLVD**  
**GREENACRES FL 33415**  
**US**

**Mailing Address**

**GOLDEN BAKE SHOP**  
**6350 FOREST HILL BLVD**  
**WEST PALM BEACH FL 33415**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0197654**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GUTIERREZ, LIBERATO M**  
**4473 121ST TERRACE NORTH**  
**W. PALM BEACH FL 33411**

*change address*

**7. Name and Address of New Registered Agent**

Name **GUTIERREZ, LIBERATO M.**

Street Address (P.O. Box Number is Not Acceptable)

**207 Golden River Drive**

City **WEST PALM Bch. FL** Zip Code **33411**

**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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-10-02**

**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**

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

TITLE **PD** ☐ Delete  
 NAME **GUTIERREZ, LIBERATO M**  
 STREET ADDRESS **4473 121ST TERRACE NORTH**  
 CITY-ST-ZIP **W. PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **PRIJOLES, LAURO C**  
 STREET ADDRESS **11373 SPITFIRE ROAD**  
 CITY-ST-ZIP **SAN DIEGO CA 92126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **GUTIERREZ, ROSALIE L**  
 STREET ADDRESS **4473 121ST TERRACE NORTH**  
 CITY-ST-ZIP **W. PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **PRIJOLES, CRISTINA M**  
 STREET ADDRESS **11373 SPITFIRE ROAD**  
 CITY-ST-ZIP **SAN DIEGO CA 92126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-02 561 963 3740**

CR2E034 (9/01)