

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90249 035 ***150.00

DOCUMENT # P98000042775
 1. Entity Name
LONZO, INC.

Principal Place of Business 1919 NORTJ STATE ROAD 7 SUITE 201 A MARGATE FL 33063	Mailing Address 1919 NORTJ STATE ROAD 7 SUITE 201 A MARGATE FL 33063
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **65-0838953** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
YABAR, MANUEL
3985 S.W. 15TH STREET
SUITE A-111
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
 Name **YABAR, MANUEL**
 Street Address (P.O. Box Number is Not Acceptable)
317 JACARANDA DRIVE
 City **PLANTATION** FL Zip Code **33324**

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]* DATE **04/25/01**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D YABAR, MANUEL 3985 S.W. 15TH STREET, SUITE A-11 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **manuel yabar** *[Signature]* **05/19/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)