

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081772

1. Entity Name

LORENA'S STORE, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90009 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1948 SW 8 STREET  
FL 33135

1948 SW 8 STREET  
MIAMI FL 33135-3316

00024176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1943 SW 8 st

City & State

MIAMI FL

Zip

33135

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0947809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LOYA JESUS

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

1943 SW 8 st

MIAMI FL 33135

City

FL

Zip Code

LOYA, JESUS

1948 SW 8 STREET

MIAMI FL 33135

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)

02/18/00

DATE

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, 2000 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               | <input type="checkbox"/> Delete |
| NAME           | LOYA, JESUS      |                                 |
| STREET ADDRESS | 1948 SW 8 STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33135   |                                 |
| 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    |                  |                                 |

|                |                |  |                                   |
|----------------|----------------|--|-----------------------------------|
| TITLE          | PD             | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | LOYA JESUS     |  |                                   |
| STREET ADDRESS | 1943 SW 8 st   |  |                                   |
| CITY-ST-ZIP    | MIAMI FL 33135 |  |                                   |
| 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    |                |  |                                   |

CR2E034 (9/99)

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

02/18/00 (305) 549-5515

DATE

Daytime Phone #