

1 of 2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99490

Entity Name
LOREN CONSTRUCTION CO., INC.

FILED

00 JUN 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00063718

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7502 Andorra Place Boca Raton, FL 33431	7502 Andorra Place Boca Raton, FL 33431

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

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

4. FEI Number 65-0299296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, BARRY M
7502 Andorra Place
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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 11, 2000 Fee will be \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President COHEN, BARRY M 7502 Andorra Place Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P. JAMES, GEORGE 2504 Deer Run Trail Loxahatchee, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barry M. Cohen* Barry M. Cohen 06/05/00 (561) 989-3764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2 of 2

THIS IS TO INFORM YOUR OFFICE THAT
WE DID NOT RECEIVE THE ORIGINAL
REPORT MAILED IN JANUARY.

IT WAS SUGGESTED BY CYNTHIA IN THE
REPORTS OFFICE THAT I INFORM YOUR
OFFICE OF THIS PROBLEM AND THE LATE
FEE SHOULD BE VOIDED.

THANKING YOU IN ADVANCE FOR YOUR
COOPERATION IN THIS MATTER.

BARRY M. COHEN
President