2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # 658093** 1. Entity Name LOWENSTEIN ASSOCIATES, INC. 04-10-2001 90446 045 ***150.00 Mailing Address Principal Place of Business 4509 QUEENS PALM LANE -4509 QUEENS PALM LANE TAMARAC FL 33319 TAMARAC FL 33319 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2090228 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOWENSTEIN, IRVING E. Street Address (P.O.,Box,Number is Not Acceptable) 4509 QUEENS PALM LANE TAMARAC FL 33319 Zip Code City 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 OATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition PD ☐ Delete TITLE TITLE NAME LOWENSTEIN, IRVING E. NAME STREET ADDRESS STREET ADDRESS **4509 QUEENS PALM LANE** CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL ☐ Addition ☐ Change ☐ Delete TITLE NAME LOWENSTEIN, PEARL STREET ADDRESS 4509 QUEENS PALM LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP s no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information s plied with indicated on this report or suppley of the corporation or the receiver or trusts changed, or on an attachment ke empowered.

Daytime Phone #