

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 025 ***150.00

C0044376

DO NOT WRITE IN THIS SPACE

DOCUMENT # **H40908**
 1. Entity Name
Loewenstein, Inc.

Principal Place of Business Mailing Address
1801 NORTH ANDREWS EXTENSION **160 VILLAGE ST.**
POMPAUNO BEACH, FL 33069 **BIRMINGHAM, AL**
35248

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

4. FEI Number **59-2504882** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Peter W. Klein
2665 South Bayshore Dr.
8th Floor
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **MARIA C. CALLEJA**
 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 **Maria C Calleja** (NOTE: Registered Agent signature required when reinstating) DATE **3-21-00**

8. 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

OFFICERS AND DIRECTORS

VP IT TORTORICI, Jr. Vincent 160 VILLAGE ST BIRMINGHAM AL 35248	<input type="checkbox"/> Delete
D BOBBY TESMEY 160 VILLAGE ST BIRMINGHAM AL 35248	<input type="checkbox"/> Delete
P B. CRAGWATTS 1801 N ANDREWS EXTENSION POMPAUNO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P STUART LONG 1801 NORTH ANDREWS EXTENSION POMPAUNO BEACH FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MARILYN D. KUFFNER 2665 So BAY SHORE DR Ste 800 MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D/C EARL W. POWELL 2665 So BAY SHORE DR. Ste 800 MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D WILLIAM F KACZYNSKI, G 2665 So. Bay Shore Dr Ste 800 MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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: **Marilyn D. Kuffner** **MARILYN D. KUFFNER, Secretary** Date **3-21-00** Daytime Phone # **305-858-2200**

CR 03/24/00