


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 028 ***150.00

DOCUMENT # H40908

1. Entity Name
LOEWENSTEIN, INC.



Principal Place of Business
**1801 NORTH ANDREWS EXTENSION
POMPANO BCH. FL 33069**

Mailing Address
**160 VILLAGE STREET
BIRMINGHAM AL 35242**



2. Principal Place of Business
Suite, Apt. #, etc.
1801 North Andrews Ave

3. Mailing Address
City & State
Pompano Beach, FL

Zip
33069

Country
USA

CHECK HERE IF MAKING CHANGES

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

**CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DR
8TH FLOOR
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **David Gershman**

Street Address (P.O. Box Number if Not Acceptable)
**c/o TRIVEST PARTNERS, L.P.
2665 South Bayshore Dr. Suite 800**

City **Miami** State **FL** Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Gershman* **DAVID GERSHMAN** DATE **3/26/03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORTORICI, VINCENT A. 160 VILLAGE ST BIRMINGHAM AL 35242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO TESNEY, BOBBY 160 VILLAGE ST BIRMINGHAM AL 35242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSER, DARRYL 160 VILLAGE STREET BIRMINGHAM AL 35242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB POWELL, EARL W 2665 S BAYSHORE DR STE 800 MIAMI FL 33133-5462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUFFNER, MARILYN 2665 S BAYSHORE DR STE 800 MIAMI FL 33133-5462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KACZYNSKI, WILLIAM 2665 S BAYSHORE DR STE 800 MIAMI FL 33133-5462 <input checked="" type="checkbox"/> Delete

11. 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	DCEO Bruce R. Albertson 1801 North Andrews Ave. Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" 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	Director Robert W. Koehn 2665 S. Bayshore Dr. Ste. 800 Miami, FL 33133-5462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* **3/26/03** **954-960-1117**

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

CR2E034 (10/02)