

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35057

1. Entity Name

LOREN INDUSTRIES, INC.

Principal Place of Business

2801 GREENE STREET
HOLLYWOOD FL 33020

Mailing Address

2801 GREENE STREET
HOLLYWOOD FL 33020-1128

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

13-2735999

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

GOLDSTEIN, DONALD
2801 GREENE ST
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME GOLDSTEIN, JACK
STREET ADDRESS 12900 SW 33RD AVE
CITY-ST-ZIP DAVIE FL

TITLE PD ☐ Delete
NAME GOLDSTEIN, DONALD
STREET ADDRESS 3403 BRIDGE ROAD
CITY-ST-ZIP COOPER CITY FL

TITLE D ☐ Delete
NAME GOLDSTEIN, ALAN
STREET ADDRESS 490 SABAL WAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete
NAME GOLDSTEIN, RICHARD
STREET ADDRESS 7110 WHISPERING WINDS DR
CITY-ST-ZIP AUSTIN TX

TITLE CD ☐ Delete
NAME MONTELEONE, RAY
STREET ADDRESS 3965 N. 32ND TERRACE
CITY-ST-ZIP HOLLYWOOD FL

TITLE V ☐ Delete
NAME RUBIN, LAURENCE
STREET ADDRESS 1005 MONGO ISLE
CITY-ST-ZIP FT LAUDERDALE FL 33315

TITLE VT ☐ Change ☒ Addition
NAME SPINKA, ALLEN
STREET ADDRESS PO Box 9484
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Allen J. Spinka Allen J. Spinka 3/26/00 (954) 920 6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)