

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90118 018 ****50.00

DOCUMENT # L02000005116

1. Entity Name
CLAUDE M. LOEWENTHAL & ASSOC., LLC



Principal Place of Business

Mailing Address

**3291 SW 135TH TERRACE
DAVIE FL 33330
US**

**3291 SW 135TH TERRACE
DAVIE FL 33330
US**

20000533



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

1338 SW 160th AV.

1338 SW 160th AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FL

SUNRISE, FL

4. FEI Number

75-3045644

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOEWENTHAL, CLAUDE M
3291 SW 135TH TERRACE
DAVIE FL 33330**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **PRES. CLAUDE M. LOEWENTHAL**
STREET ADDRESS **1338 SW 160th AVE.**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature)

1-6-03 (954) 385-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)