

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

DOCUMENT # **P00000070914**

1. Entity Name  
**LOREN AND ASSOCIATES, P.A.**



Principal Place of Business  
**1506 NORTH EAST 162ND STREET  
SUITE #300  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**1506 NORTH EAST 162ND STREET  
SUITE #300  
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

**320 South State Road 7**

3. Mailing Address

**320 South State Road 7**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Plantation, FL**

Zip

**33317**

Country

**33317**

City & State

**Plantation, FL**

Zip

**33317**

Country

6. Name and Address of Current Registered Agent

**LOREN, JAMES M  
1506 NORTH EAST 162ND STREET  
SUITE #300  
NORTH MIAMI BEACH FL 33162**

Name

**James Loren**

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

**320 South State Road 7  
Suite 300**

City

**Plantation**

FL **33317**

Zip Code

8. I 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

**3/31/03**

**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  Delete  
NAME **P**  
STREET ADDRESS **LOREN, JAMES M  
1506 NORTH EAST 162ND STREET SUITE #300  
NORTH MIAMI BEACH FL 33162**  
CITY-ST-ZIP

**11.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President**  Change  Addition  
**James Loren**  
**320 South State Rd. 7 - Suite #300  
Plantation, FL 33317**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 James Loren**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 07, 2003 8:00 am  
Secretary of State**

04-07-2003 90183 046 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1029576**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

CR2E034 (10/02)

**3/31/03 954-585-4878**

Daytime Phone #