

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91510 032 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000118842			
1. Entity Name LOEB & HAAS, INC.			
Principal Place of Business 10658 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		Mailing Address 10658 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	
2. Principal Place of Business 8320 NW 51 Ct Suite, Apt. #, etc.		3. Mailing Address 8320 NW 51 Ct Suite, Apt. #, etc.	
City & State Lauderhill, FL		City & State Lauderhill, FL	
Zip 33351		Zip 33351	
Country		Country	
4. FEI Number 22-3850022		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STUART, JAIMESON 10658 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Jaimeson Stuart Street Address (P.O. Box Number is Not Acceptable) 8320 NW 51 Ct City Lauderhill FL Zip Code 33351	
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 Jaimeson Stuart DATE 4/23/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing.)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAS, ROBERT L 82 CLIFFWOOD AVENUE #49 CLIFFWOOD, NJ 07721 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUART, JAIMESON 10658 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Jaimeson Stuart SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/23/03 931-461-4954 Date Signature Phone #	

CR2E034 (10/02)