FILED

Jul 12, 2001 8:00 am

954-284-2151

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name						Secretary of State				
DICK LOE	EHR'S, INC.			(UA		07-12-2001 9012	23 036 **	**15 0.00	1	
Principal Place	e of Business	Mailing Ad	ddress		٦					
37 PORTSIDE FORT LAUDER		Í								
							180 318 0 3 38			
2. Principal P	lace of Business	3. Mailing	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	9	City & Si	tate		4. F	El Number 38-1957232		<u> </u>	oplied For	
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired See Required					
	6. Name and Address of Cu	rrent Registered A	gent		7. N	lame and Address of New Re		<u> </u>		
	ALIFO O			Name		ار میں میں میں ایک میں اور میں ایک می	الشيوعة ا			
BRADY, J	Street Address	Street Address (P.O. Box Number is Not Acceptable)								
	SECOND AVENUE JDERDALE FL 33316							<u></u>		
. 4111 12114	City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e				
<u>: </u>			<u> </u>					<u> </u>		
8. The above	named entity submits this statem	ent for the purpose	of changing its reg	istered office or registi	ered age	ent, or both, in the State of Flori	da.		•	
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable	e. (NOTE: Reg	gistered Agent signature require	ed when re	instating)	DATE			
			·	EE IS \$550.00			-			
Tax filing re	oration is eligible to satisfy its Intar equirement and elects to do so. ia on back)	001 Fee will be \$750 to Department of St		 Election Campaign Finar Trust Fund Contribution. 	ncing		May Be to Fees			
11.		AND DIRECTORS		12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	
TITLE NAME	PST Loehr, Richard L., Jr.		Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	37 PORTSIDE DRIVE FT LAUDERDALE FL			STREET ADDRESS CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE			-	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Loehr, Richard L., Jr. 37 Portside Drive Ft Lauderdale Fl			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	VD		☐ Delete	TITLE				Change	Addition	
NAME	LOEHR, MARY LOU			NAME						
STREET ADDRESS - CITY-ST-ZIP	-37-PORTSIDE DRIVE	And the same of th	مسيهما بييسيون	_STREET ADDRESS	- CONTRACT	د پاستان استان در	• ~•			
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NAME				NAME						
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NAME				NAME				_ ,		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				•		
TITLE	<u> </u>		Delete	TITLE				Change	Addition	
NAME				NAME			,			
STREET ADDRESS	•			STREET ADDRESS						
CITY-ST-ZIP	L 			CITY-ST-ZIP						
indicated	certify that the information supplied on this report or supplemental rep poration or the redeiver or trustee	oort is true and accu	urate and that my s	ignature shall have the	same li	egal effect as if made under oa	th; that I an	n an officer	or director	

-- V acoundadayu Chicico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Ottochment Dath P88559 Can3315

JULY 9, 2001

FLORIDA DEPARTMENT OF STATE P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

THIS LETTER IS IN REGARD TO OUR 2001 BUSINESS FILING WHICH WAS JUST RECEIVED ON JULY 6, 2001. AS YOU CAN SEE FROM OUR PAST FILING RECORD WE HAVE NEVER NOT FILED ON TIME. I AM ASKING THAT YOU MAKE AN EXCEPTION FOR THIS YEAR AND THAT I ONLY PAY THE \$150.00 TO RENEW THE CORPORATION.

YOUR HELP IN THIS MATTER WILL BE GREATLY APPRECIATED.

SINCERELY YOURS,

RICHARD L. LOEHR PRESIDENT