

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34908

1. Entity Name

LOEB \U.S.\ PROPERTY CORPORATION

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90022 032 ***150.00

0050013

Principal Place of Business
C/O AVANTI PROPERTIES GROUP
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751

Mailing Address
C/O AVANTI PROPERTIES GROUP
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751

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 98-0080167

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name Charles Schwartz
Street Address (P.O. Box Number is Not Acceptable)
C/O Avanti Properties Group
431 E. Horatio #210
City Maitland FL Zip Code 32751

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

Charles Schwartz

Charles Schwartz

3/27/2001

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, 2001 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 PCD
NAME LOEB, DONALD E.
STREET ADDRESS %22 ST. CLAIR AVE. EAST
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

TITLE AS
NAME Sherman, Beila
STREET ADDRESS 431 E. Horatio #210
CITY-ST-ZIP Maitland FL 32751 ☐ Change ☐ Addition

TITLE T
NAME LOEB, DONALD E.
STREET ADDRESS %22 ST. CLAIR AVE. EAST
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

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

TITLE VS
NAME LOEB, LORRAINE FLORENCE
STREET ADDRESS %22 ST. CLAIR AVE. EAST
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

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

TITLE V
NAME SCHWARTZ, CHARLES
STREET ADDRESS %431 EAST HORATIO AVE.
CITY-ST-ZIP MAITLAND FL ☐ Delete

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

TITLE V
NAME ROSEN, DAWN
STREET ADDRESS %22 ST. CLAIR AVENUE EAS
CITY-ST-ZIP TORONTO,ONT.,CANADA ☐ Delete

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

TITLE V
NAME SHAPIRO, MARVIN M.
STREET ADDRESS %431 EAST HORATIO AVE.
CITY-ST-ZIP MAITLAND FL ☐ Delete

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

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

Beila Sherman

Beila Sherman

3/28/2001

407-6288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)