

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058421

1. Entity Name

LOEWENSTERN PROPERTIES, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90034 009 ***150.00

Principal Place of Business

6700 N. ANDREWS. STE 401
FT. LAUDERDALE FL 33309

Mailing Address

6700 N. ANDREWS. STE 401
FT. LAUDERDALE FL 33309-2165

2. Principal Place of Business

2600 N. Military Trail

3. Mailing Address

2600 N. Military Trail

Suite, Apt. #, etc.

Ste 206

Suite, Apt. #, etc.

Ste 206

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

Zip

33431

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0531047

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

LOEWENSTERN, ELLIOT
6700 N. ANDREWS AVE.
FORT LAUDERDALE FL 33309

Name

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

2600 N. Military Trail

Ste 206

City

Boca Raton

FL

Zip Code

33431

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

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, 2000 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 **P** ☐ Delete
NAME **LOEWENSTERN, ELLIOTT**
STREET ADDRESS **17308 WHITEHAVEN DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE **ST** ☐ Delete
NAME **LOEWENSTERN, SHELLY**
STREET ADDRESS **17308 WHITEHAVEN DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)