

FILED

03 APR 30 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DOCUMENT # P94000058421

1. Entity Name

Loewenstern Properties Inc

**DO NOT WRITE IN THIS SPACE**

300018569283  
05/08/03--01067--006 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3550 NW Boca Raton Blvd		3. Mailing Address Same	
Suite, Apt. #, etc. A-26		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State	
Zip 33431	County Palm Beach	Zip	Country

4. F21 Number 65-0531047	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Elliot Loewenstern  
Street Address (P.O. Box Number is Not Acceptable):  
3550 Boca Raton Blvd, Ste A-26  
City: Boca Raton, FL Zip: 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 fee applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Intangible Tax Filing Fee: \$500  
Amended UBR is \$500  
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	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	President, Secretary, Treasurer Elliot Loewenstern 17308 Wymoreland Blvd Boca Raton, FL 33496
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 800-274-0219

CR200308 (12/01)