FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2003 8:00 am Secretary of State P95000094903 DOCUMENT # 04-30-2003 90056 014 \*\*\*150.00 1. Entity Name LORAL ASSOCIATES, INC. Mailing Address Principal Place of Business 11027554 16237 OPAL CREEK DR. 16237 OPAL CREEK DR. FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0635512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL BOGUS Street Address (P.O. Box Number is Not Acceptable) 16237 OPAL CREEK DRIVE FT LAUDERDALE FL 33331 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CR2E034 (10/02) ☐ Change ☐ Addition TITLE ☐ Delete TITLE **BOGUS, PAUL** NAME NAME 16237 OPAL CREEK DR. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE ☐ Change Addition **BOGUS, ILENE** NAME NAME 16237 OPAL CREEK DR. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-7(P ☐ Delete ☐ Change [ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP