

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90051 050 \*\*\*150.00

**DOCUMENT #** P99000038742

**1. Entity Name**  
 Loring & Tremont, Inc.

**Principal Place of Business**      **Mailing Address**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
c/o Sam Shatz Suite, Apt. #, etc. 20908 Leeward Court City & State N. Miami Beach, FL Zip 33179		c/o J. Kamerman Suite, Apt. #, etc. 885 Second Ave., 26th Fl. City & State New York, NY Zip 10017	
Country USA		Country USA	

**4. FEI Number**  
58-2462309

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**Applied For**  
Not Applicable

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

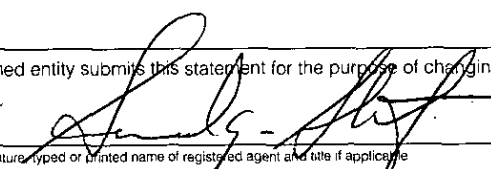
Name  
Sam Shatz

Street Address (P.O. Box Number is Not Acceptable)  
20908 Leeward Court

City  
N. Miami Beach

FL Zip Code  
33179

**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**  **DATE** 3/30/00

(NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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**

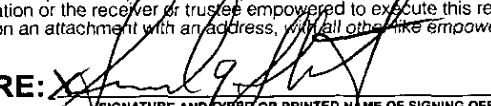
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sam Shatz 20908 Leeward Court N. Miami Beach, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **Samuel Shatz** **DATE** 3/30/00 **Daytime Phone #**

CR2E034 (9/99)