2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90088 021 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 445061

1. Entity Name
CHAMPAIGN PLAZA CORP

Principal Place of Business	Mailing Address
4901 N.W. 17TH WAY SUITE 103 FT.LADUERDALE FL 33309 US	5353 N. FEDERDAL HWY STE. 303 FT. LAUDERDALE FL 33308 US

2. Principal Place of Business	3. Mailing Address
	4901 NW 17 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 103
City & State	City & State Ft Lauderdale FL
Zip / Country	Zip 33309 / Country U.S.A.

4. FEI Number 59-1662619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVEAN, JUDY
C/O LEVY REALTY
5353 N FEDERAL HWY, STE. 303
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Alan M. Levy
Street Address (P.O. Box Number is Not Acceptable): c/o Levy Realty Advisors, Inc.
4901 NW 17 Way Suite 103
City: Ft Lauderdale FL Zip Code 33309

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] Alan M. Levy 4/23/01
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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BANKIER, LEON		NAME		
STREET ADDRESS	9801 COLLIN AVE.		STREET ADDRESS		
CITY-ST-ZIP	BAL HAROUR FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WENGER,IRVING		NAME		
STREET ADDRESS	1150 MELVIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Irving Wenger 4/23/01 312-913-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)