

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0567086

04-04-2001 90020 021 ***150.00

DOCUMENT # F92000000906

1. Entity Name

RUG PROPERTIES CORP.

Principal Place of Business

Mailing Address

**600 CENTRAL AVE
 SUITE 365
 HIGHLAND PARK FL 60035**

**600 CENTRAL AVE
 SUITE 365
 HIGHLAND PARK FL 60035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **88-0260428**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**FELNER, JAY
 4182 LIVE OAK BLVD
 DELRAY BEACH FL 33445**

Name

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

City

FL

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.

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, 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	VD	<input type="checkbox"/> Delete
NAME	LEFKOVITZ, EDWIN	
STREET ADDRESS	34500 FOX RIDGE DR	
CITY-ST-ZIP	EVERGREEN CO 80439	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZBERG, ALBERT	
STREET ADDRESS	50 MAIN STREET SUITE 435	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NESHEK, THOMAS	
STREET ADDRESS	14 E. WALWORTH ST.	
CITY-ST-ZIP	ELKHORN WI 53121	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELNER, JEFFREY	
STREET ADDRESS	4236 PINE HOLLOW CIR	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	GOLDMAN, ROBERT U	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGNER, SUSAN	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Susan Wagner, Treasurer

Date

2/26/01

(847) 432-3666

Daytime Phone #

CR2E034 (10/00)