

2002 UNIFORM BUSINESS REPORT (UBR)

0008658
AT

DOCUMENT # F92000000906

1. Entity Name
RUG PROPERTIES CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -2 AM 10:43

Principal Place of Business
**600 CENTRAL AVE
SUITE 365
HIGHLAND PARK FL 60035**

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



DO NOT WRITE IN THIS SPACE

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, 2002 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 Delete
NAME **VD LFKOVITZ, EDWIN**
STREET ADDRESS **04500 FOX RIDGE DR--**
CITY-ST-ZIP **EVERGREEN CO 80439**

TITLE Change Addition
NAME
STREET ADDRESS **253 East Delaware, #10B**
CITY-ST-ZIP **Chicago, IL 60611**

TITLE Delete
NAME **PD SCHWARTZBERG, ALBERT**
STREET ADDRESS **50 MAIN STREET SUITE 435**
CITY-ST-ZIP **WHITE PLAINS NY 10606**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD NESHEK, THOMAS**
STREET ADDRESS **14 E. WALWORTH ST.**
CITY-ST-ZIP **ELKHORN WI 53121**

TITLE Change Addition
NAME
STREET ADDRESS **100005236421--2**
CITY-ST-ZIP **-04/10/02--01078--003**
******150.00 ****150.00**

TITLE Delete
NAME **VD FELNER, JEFFREY**
STREET ADDRESS **4236 PINE HOLLOW CIR**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SDV GOLDMAN, ROBERT U**
STREET ADDRESS **600 CENTRAL AVE., #365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD WAGNER, SUSAN**
STREET ADDRESS **600 CENTRAL AVE., #365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

TITLE Change 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

Robert U. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert U. Goldman

3/6/02

(847) 432-3666

Date

Daytime Phone #

CR2E034 (9/01)