

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-04-2001 90020 030 ***150.00

0631648

DOCUMENT # F93000000697

1. Entity Name
AS NEVADA CORP.

Principal Place of Business C/O 600 CENTRAL AVE SUITE 365 HIGHLAND PARK IL 60035	Mailing Address C/O 600 CENTRAL AVE SUITE 365 HIGHLAND PARK IL 60035
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **88-0259558** Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	GOLDMAN, ROBERT U
STREET ADDRESS	600 CENTRAL AVE., #365
CITY-ST-ZIP	HIGHLAND PARK IL 60035
TITLE	VD <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	FELNER, JAY
STREET ADDRESS	4182 LIVE OAK BLVD
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VD <input type="checkbox"/> Delete
NAME	LEFKOVITZ, EDWIN
STREET ADDRESS	34500 FOX RIDGE DR
CITY-ST-ZIP	EVERGREEN CO 80439
TITLE	VD <input type="checkbox"/> Delete
NAME	NESHEK, THOMAS
STREET ADDRESS	14 E. WALWORTH ST.
CITY-ST-ZIP	ELKHORN WI 53121
TITLE	STD <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	
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

2/26/01 **(847) 432-3666**

Date Daytime Phone #

CR2E034 (10/00)