

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 08:00 AM
Secretary of State

DOCUMENT # F97000006721

1. Entity Name
AMERICAN BUYING RETIREMENT SERVICES, INC.

Principal Place of Business		Mailing Address	
330 WABASH AVE., #2007		330 WABASH AVE., #2007	
CHICAGO	IL	CHICAGO	IL
60611		60611	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number
36-4034035

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

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 **02/01/2001**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZUCKERMAN SOL	
STREET ADDRESS	2121 PONCE DE LEON., SUITE 1100	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARBOE JOHN	
STREET ADDRESS	700 NEWPORT CTR., DRIVE 4TH FL	
CITY-ST-ZIP	NEWPORT CA 92660	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHERIDAN ROBERT	
STREET ADDRESS	330 N WABASH AVE STE 2007	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	KURENSKY BETH S	
STREET ADDRESS	330 N WABASH AVE STE 2007	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHERIDAN MARC	
STREET ADDRESS	1111 KANE CONCOURSE., SUITE 411	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEINBERG STEVEN	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 411	
CITY-ST-ZIP	BAY HARBOR FL 33154	
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: MARC SHERIDAN P 02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)