

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90008 009 ***150.00

DOCUMENT # 606790

1. Entity Name

GYPSUM CONSTRUCTION SOUTH, INC.

Principal Place of Business

**5374 NORTH ELSTON
 CHICAGO IL 60630**

Mailing Address

**5374 NORTH ELSTON
 CHICAGO IL 60630**

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 **36-3032462**

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

**REISMAN, STEPHEN H
 1 S.E. 3RD AVENUE
 SUITE 2600
 MIAMI FL 33131**

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	ST	<input checked="" type="checkbox"/> Delete
NAME	FELSENTAL, ROBERT	
STREET ADDRESS	5374 N ELSTON AVE	
CITY-ST-ZIP	CHICAGO IL 60630	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZOPPO, DAVID DEL	
STREET ADDRESS	223 SW 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DUHL, STUART	
STREET ADDRESS	401 N MICHIGAN AVE #3400	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DEMOS, JAMES T	
STREET ADDRESS	5374 NORTH ELSTON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60630	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, GAIL	
STREET ADDRESS	5374 N. ELSTON AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CIANGIOLA, PATRICIA E.	
STREET ADDRESS	5374 N. ELSTON AVE.	
CITY-ST-ZIP	CHICAGO IL	

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donovan, Terry	
STREET ADDRESS	5374 N. Elston Ave.	
CITY-ST-ZIP	Chicago, IL 60630	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brady, Patricia	
STREET ADDRESS	5374 N. Elston Ave.	
CITY-ST-ZIP	Chicago, IL 60630	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

2/21/01

Date

Daytime Phone #

CR2E034 (10/00)