2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 14, 2002 8:00 am 849666 DOCUMENT # **Secretary of State** 1. Entity Name 03-14-2002 90063 022 ***150.00 A. EPSTEIN AND SONS, INC. Mailing Address Principal Place of Business 600 WEST FULTON STREET 600 WEST FULTON STREET CHICAGO IL 60661-1110 CHICAGO IL 60661-1110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 36-2077058 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Delete TITLE Corporate Secretary TITLE NAME NAME BERK, ALAN Alaan Berk STREET ADDRESS 5818 W. CLEVELAND AVE STREET ADDRESS 2932 Manor Drive CITY-ST-ZIP CITY-ST-ZIP MORTON GROVE IL Northbrook, IL 60062 Change ☐ Addition TITLE ☐ Delete TITLE Director NAME NAME KUPPERMAN, MELVIN Melvin Kupperman STREET ADDRESS 120 WENTWORTH STREET ADDRESS 1695 Lake Cook Road Apt 331 CITY-ST-ZIP CITY-ST-ZIP GLENCOE IL Highland Park, IL 60035 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 to the properties of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of t

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