FILED Mar 10, 2003 8:00 am & Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849666 1. Entity Name A. EPSTEIN AND SONS, INC.							Secretary of State 03-10-2003 90738 033 ***150.00				
Principal Place of Business Mailing Address 600 WEST FULTON STREET 600 WEST FULTON STR CHICAGO IL 60661-1110 CHICAGO IL 60661-1110				ET							
2. Principal F	3. Mailing Address	g Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 36-2	2077058			oplied For ot Applicable
Zip	Country		Zip Coun		У		5. Certificate of Statu	s Desired		3.75 Add e Require	
<u> </u>	6. Name ar	nd Address of Current R	egistered Agent		Noma	4	7. Name and Addres	s of New Re	gistered Age	ent	
CT CORPORATION SYSTEM					Name						
1200 S. PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324											
1 2 4417411	00024			-	City			•	FL	Zip Cod	<u></u> е
 The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. 							ed agent, or both, in the	State of Flori	1	iliar with,	and accept
SIGNATURE .		inted name of registered agent and	d title if applicable. (NOTE:	: Registered A	Agent signature	e required v	when reinstating)		DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of \$					9. Election Ca	empaign Fina Contribution.	ıncing		0 May Be to Fees
10.		OFFICERS AND D		11.			ADDITIONS/CHANG	ES TO OFFIC	SERS AND DI	BECTORS	S IN: 11
TITLE NAME	CS BERK, ALAAN 2932 MANOR NORTHBROO	N R DRIVE	Delete	TITLE NAME	ADDRESS T-ZIP	60	AMES A. CO W. FU	JIR! ILTON	5A 🛛	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPPERMAN 1695 LAKE C		☐ Delete	TITLE	ADDRESS		70,100		*****	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-ST	ADORESS T-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS I - Zip	•				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET	ADDRESS 1-ZIP					Change	☐ Addition

12. 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 eccurate 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 sustee exposured to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an addition, with all other like empowered.

SIGNATURE:

SIGNATURE RIQUIRED
TYPED OR PA CONAME SIGNING OFFICER OR DIRECTOR

3/6/03 312-429-8015