

2000 UNIFORM BUSINESS REPORT (UBR)

0610011

DOCUMENT # F92000000904

1. Entity Name

NW PROPERTIES CORP.

FILED

00 APR 19 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

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

88-0260426

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

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, 2000 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 VD
NAME LEFKOVITZ, EDWIN
STREET ADDRESS 34500 FOX RIDGE DR.
CITY-ST-ZIP EVERGREEN CO 80439 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 500003238345--2
STREET ADDRESS -05/03/00--01131--023
CITY-ST-ZIP *****150.00 *****150.00

TITLE PD
NAME SCHWARTZBERG, ALBERT
STREET ADDRESS 50 MAIN STREET SUITE 435
CITY-ST-ZIP WHITE PLAINS NY 10606 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME NESHEK, THOMAS
STREET ADDRESS 14 E. WALWORTH ST.
CITY-ST-ZIP ELKHORN WI 53121 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME FELNER, JEFFREY
STREET ADDRESS 4236 PINER HOLLOW CIRCLE
CITY-ST-ZIP GREEN ACRES FL 33463 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035 ☐ Delete

TITLE Y ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME WAGNER, NATHAN
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035 ☐ Delete

TITLE ☐ Change ☐ 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 IAs empowered. NW Properties Corp.

SIGNATURE:

By: *Robert U. Goldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert U. Goldman, Sect. 2-22-00 (847) 432-3666

Date

Daytime Phone #

CR2E034 (9/99)

KE