

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0898545  
FP

DOCUMENT # F92000000904

1. Entity Name  
NW PROPERTIES CORP.



FILED

03 APR 16 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O 600 CENTRAL AVE.  
SUITE 365  
HIGHLAND PARK IL 60035

Mailing Address  
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY  
182 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. I am familiar with, and accept the obligations of registered agent.

HIGHLAND PARK IL 60035  
SIGNATURE

SUITE 365

HIGHLAND PARK IL 60035

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD  
NAME LEFKOVITZ, EDWIN  
STREET ADDRESS 253 E. DELAWARE, #10B  
CITY-ST-ZIP CHICAGO IL 60611

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME FELNER, JEFFREY  
STREET ADDRESS 4238 PINER HOLLOW CIRCLE  
CITY-ST-ZIP GREEN ACRES FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NESHEK, ROBERT U. Goldman

3/25/03

(847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0898545

FP

CR2E034 (10/02)