

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

1. Entity Name
RUG PROPERTIES CORP.

Principal Place of Business
600 CENTRAL AVE
SUITE 365
HIGHLAND PARK FL 60035

Mailing Address
600 CENTRAL AVE
SUITE 365
HIGHLAND PARK FL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 88-0260428

Applied For
Not Applicable

Zip Country

Zip Country

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
ROCKWELL CORP.
DELRAY BEACH FL 33445

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I, 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 FL 60035
SIGNATURE

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
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	<input type="checkbox"/> Delete
NAME	LEFKOVITZ, EDWIN	
STREET ADDRESS	253 E. DELAWARE, #10B	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZBERG, ALBERT	
STREET ADDRESS	50 MAIN STREET SUITE 435	
CITY-ST-ZIP	WHITE PLAINS NY 10606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NESHEK, THOMAS	
STREET ADDRESS	14 E. WALWORTH ST.	
CITY-ST-ZIP	ELKHORN WI 53121	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELNER, JEFFREY	
STREET ADDRESS	4236 PINE HOLLOW CIR	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	GOLDMAN, ROBERT U	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGNER, SUSAN	
STREET ADDRESS	600 CENTRAL AVE., #365	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
14 E. WALWORTH ST.

Robert U. Goldman 3/25/03 (847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)