

# 2002 UNIFORM BUSINESS REPORT (UBR)

0666014 SP

DOCUMENT # F93000000614

1. Entity Name

DHD NEVADA CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -2 AM 10:43

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3617048

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.  
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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WAGNER, NATHAN  
600 CENTRAL AVE., #365  
HIGHLAND PARK IL 60035 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700005236447--1  
-04/10/02--01078--010  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LEFKOVITZ, EDWIN  
84500 FOX RIDGE DR  
EVERGREEN CO 80439 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
253 East Delaware, #10B  
Chicago, IL 60611

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

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

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Wagner

3/6/02

(847) 432-3666

Date

Daytime Phone #

CR2E034 (9/01)