

# 2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0696644 FR

DOCUMENT # F93000000614

1. Entity Name  
DHD NEVADA 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  
36-3617048

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

F93000000614

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

HIGHLAND PARK IL 60035  
SIGNATURE

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

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

TITLE VD ☐ Delete  
NAME FELNER, JAY  
STREET ADDRESS 50 MAIN STREET  
CITY-ST-ZIP DELRAY BEACH FL 33445

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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: Robert U. Goldman

3/25/03

(847) 432-3666

4182 LIVE OAK BLVD.

Date

Daytime Phone #

CR2E034 (10/02)