

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90020 027 ***150.00

DOCUMENT # F93000000695

1. Entity Name

JF NEVADA CORP.

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **88-0260634**

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, 2001 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** ☐ Delete
NAME **LEFKOVITZ EDWIN**
STREET ADDRESS **34500 FOX RIDGE DR.**
CITY-ST-ZIP **EVERGREEN CO 80439**

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

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

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

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

TITLE **SDV** ☐ 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

TITLE **TD** ☐ 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

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, Treasurer/Director

2/26/01

Date

(847) 432-3666

Daytime Phone #

CR2E034 (10/00)