2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCL	JMENT	#

F9300000695

1. Entity Name

JF NEVADA CORP.



Principal Place of Busin C/O 800 CENTRAL AVE SUITE 365 HIGHLAND PARK IL 600	* .	SUITE 365	C/O 600 CENTRAL AVE.		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc			
City & State	· · · · ·	City & State		4. FEI Numi	
Zip	Country	Zip	Country	5. Certificat	
6. Na	ıme and Address of Cu	irrent Registered Agent	I	7. Name an	
FELNER, JAY	. 0 %	000000000		dress (P.O. Box Numb	

FILED

03 APR 16 AM 9: 02

CRETARY OF STATE AHASSEE, FLORIDA



CHECK	HERE	ΙF	MAKING	CHANGES

,	5. Certificate of Status Desired	LJ	Fee Required	
	7. Name and Address of New Re	egistered	Agent	
Name		•		
Street Addr	ress (P.O. Box Number is Not Acceptable))		
City		FI	Zip Code	į

88-0260634

8/01/16/26/00/26 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 Surpe segigations of registered agent. 8,200 ROUGH LONG ROWS

(NOTE: Registered Agent sig

HIGHLAND PARK IL COOTS

DELRAY BEACH FL 33445

SIGNATURE .

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

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nature required when reinstating)	制制的影響的

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

Applied For

\$8.75 Additional

Not Applicable

		···				
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE	VD	☐ Delete	TITLE	विसे सम्बद्धाः १७५, क	Change	Addition
NAME	LEFKOVITZ EDWIN		NAME			
STREET ADDRESS	253 E. DELAWARE, #10B		STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE	·	Change	☐ Addition
NAMELNER,	SCHWARTZBERG, ALBERT		NAME			
STREET ADDRESS			STREET ADDRESS	200016108	5642	
CITY STARAY E	WHITE PLAINS NY 10606		CITY-ST-ZIP	04/16/030103700		<u>0.00</u>
TITLE	VD	☐ Delete	TITLE	-	Change	Addition
NAME	NESHEK, THOMAS		NAME			
STREET ADDRESS:	14 E. WALWORTH ST.		STREET ADDRESS			
CITY - ST-ZIP.	ELKHORN WI 53121		CITY-ST-ZIP			
TITLE" Y'' 3	VD 140 (☐ Delete	TITLE	7	Change	☐ Addition
NAME	FELNER, JEFFREY		NAME			•
STREET ADDRESS	4236 PINE HOLLOW CIRCLE		STREET ADDRESS		•	•
CITY-ST-ZIP	GREEN ACRES FL 33463		CITY-ST-ZIP			
TITLÉ	SDV	☐ Delete	TITLE		☐ Change	Addition
NAME	GOLDMAN, ROBERT U		NAME			
STREET ADDRESS	600 CENTRAL AVE., #365		STREET ADDRESS	•		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		CITY-ST-ZIP			
TITLE	THOUSE SAUS	☐ Delete	TITLE		Change	☐ Addition
NAME	WAGNER NATHAN		NAME			
STREET ADDRESS	600 CENTRAL AVE., #365		STREET ADDRESS			
CITY_ST_7IP	HIGHLAND PARK IL 60035		CITY-ST-7IP	•		

12. I hereby cellify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is indicated on this report of the corporation of the corporation of the corporation of the precedence of the precedence of the precedence of the precedence of the corporation of the precedence of the preceden

<u>⊓¤∽Rob</u>ert U. Goldman

3/25/03 Date

(847) 432-3666

Daytime Phone #