

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000000697**

1. Entity Name

AS NEVADA CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -2 AM 10:43

Principal Place of Business

Mailing Address

C/O 600 CENTRAL AVE
SUITE 365
HIGHLAND PARK IL 60035

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

88-0259558

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
GOLDMAN, ROBERT U
600 CENTRAL AVE., #365
HIGHLAND PARK IL 60035

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCHWARTZBERG, ALBERT
50 MAIN STREET SUITE 435
WHITE PLAINS NY 10606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FELNER, JAY
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEFKOVITZ, EDWIN
34500 FOX RIDGE DR
EVERGREEN CO 80439

☐ Delete

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
STD
WAGNER, SUSAN
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
☐ Change ☐ Addition

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

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

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

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: **Robert U. Goldman**

3/6/02

(847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)