

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000697

1. Entity Name
AS 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 88-0259558

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
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. I, 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
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME WAGNER, SUSAN
STREET ADDRESS 600 CENTRAL AVE., #365
CITY-ST-ZIP HIGHLAND PARK IL 60035

TITLE
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
4182 LIVE OAK BLVD
DELRAY BEACH FL 33445

3/25/03

(847) 432-3666

Date

Daytime Phone #

CR2E034 (10/02)