

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90076 040 ***150.00

DOCUMENT # F95000005084

1. Entity Name
XTRACOM, INC.

Principal Place of Business

Mailing Address

35 W. CHESTNUT #206
 CHICAGO IL 60622

935 W. CHESTNUT #206
 CHICAGO IL 60622

2. Principal Place of Business

3. Mailing Address

833 W. Chicago Ave #201

833 W. Chicago Ave #201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Chicago, IL

Chicago IL

Zip

Country

Zip

Country

60622

60622



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3663561

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	P - Director	☐ Delete
NAME	SHYMAN, STEVE	
STREET ADDRESS	1212 N LASALLE #1706	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ Delete
NAME	SHYMAN, LEON	
STREET ADDRESS	3730 LAKE SHORE DR., #15B	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change ☐ Addition
NAME	Shyman, Steve	
STREET ADDRESS	160 W. Goethe Street	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-00

312-243-8660

CR2E034 (9/99)