

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90182 024 \*\*\*150.00

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**DOCUMENT # F96000002613**

1. Entity Name

AMERICAN INVSCO. REALTY, INC.



Principal Place of Business

1212 N. LESALLE STREET  
SUITE 101  
CHICAGO IL 60610

Mailing Address

1212 N. LESALLE STREET  
SUITE 101  
CHICAGO IL 60610

2. Principal Place of Business

1212 N. LA SALLE STREET  
Suite, Apt. #, etc.  
SUITE 110

3. Mailing Address

1212 N. LA SALLE STREET  
Suite, Apt. #, etc.  
SUITE 110

City & State

CHICAGO, ILLINOIS

City & State

CHICAGO, ILLINOIS

Zip

60610

Country

US

Zip

60610

Country

US

4. FEI Number

36-2703544

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CORPORATION SERVICE COMPANY

3-27-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOULETAS, NICHOLAS S	
STREET ADDRESS	1212 N. LESALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOULETAS, NICHOLAS V	
STREET ADDRESS	1028 N. CLARK	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOULETAS, STEVEN E	
STREET ADDRESS	111 W MAPLE	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELBOGEN, JEANNE	
STREET ADDRESS	410 WELLINGTON	
CITY-ST-ZIP	CHICAGO IL 60657	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIZZO, SHARON	
STREET ADDRESS	2331 INDIAN RIDGE DRIVE	
CITY-ST-ZIP	CHICAGO IL 60025	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZAFER, MARTHA	
STREET ADDRESS	2923 W BALMORAL	
CITY-ST-ZIP	CHICAGO IL 60625	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1212 N. LA SALLE STREET, STE. 110	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Anthony R. DiSanto, Secretary

3-3-03 316-595-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)