FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

DOC	UMENT # IQ(O(0000	`	2 2	, Secreta	ary or Stat
1. Entity		(){ X X (12	// ()	04-02-2002	90080 048 ***150.00
1 .	. CO-OP INC.		•	'		
D. V.	. CO-OF INC.		1			
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			房操布	the second		
	DO NOT WRITE	INTHISES	PAC	E	1	26330
					- 6	20010
2. Principa	al Place of Business GOLF ROAD	3. Malling Address	WITH SALES CAN			
	Vol. #, etc.	Suite, Apt. #, etc.]	
		Suite, Apr. #, etc.			DO NOT WRITE IN	THIS SPACE
City & S ARLIN		City & State			4. FEI Number	Applied For
Zip	GTON HEIGHTS IL Country	710	T = :		36-2706087	Not Applicable
60005	Soundy	Zip	Count	ry	Certificate of Status Desired	\$8.75 Additional
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TAY OF THE			7. Name and Address of Current Regi	Fee Required
ļ .	A LANGE AND A STATE OF THE STAT		V Evy	Name		Stated Affett
ر درد ن <u>ح</u> ر در	DO NOT WI	RITE		Street Address	(P.O. Box Number is Not Acceptable)	
	INTHIS SP	ター・ディー・ストース・ストース・ストリング	6 V 6	-	be a second of the second of t	<u> </u>
ar i de la de la decembración de				City		Zip Code
8. The above	ve named entity submits this statement	for the purpose of chang	ing its rec	istered office or m	egistered agent, or both, in the State of F	
		-				ionoa.
SIGNATURE	Signature, typed or printed name of registe	red arrest and tills if south-t-	BUS	INESS MA	NAGER	
9 This core	poration is eligible to satisfy its Intangib			ee is \$150,00	ent signature required when reinstating)	DATE
Tax filing	requirement and elects to do so.	ATTOM ME	y Fee	ls \$550.00	10. Election Campaign Financir	g \$5.00 May Be
(See crite	eria on back)	Make Check Paya	ed UBR i ble to D	a \$81.25.		Added to Fees
11,	OFFICERS AND DI		B	udan er sist		
TITLE NAME	PRESIDENT WHENNEN, THOMAS		JILE	建设设置的范围设置	TO VIEW TO THE SECOND	Ę
STREET ADDRESS	415 W GOLF RD		NAME	STATE OF THE PARTY		
CITY - ST - ZIP	ARLINGTON HEIGHT	'S IL 60005		TADDRESS #28 ST DP		CRZE034B (120)
TITLE	VICE PRESIDENT			1.103 4. 17		RESERVED TO STATE OF THE SECOND PROPERTY OF T
NAME STREET ADDRESS	SMITH, JEFF		HWE			5
CITY - ST - ZIP	415 W GOLF RD ARLINGTON HEIGHT	C TT COOOE	130,122	ADDRESS		
TITLE	TREASURER	S IL 60005	TITLE.	ST, ZIP		Find the Control of t
NAME	STEIN, MARK		NAME:		The Last of the Control	
STREET ADDRESS	415 W GOLF RD		STREET	ADDRESS AT A		3/17/2/ 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
TITLE	ARLINGTON HEIGHT	S IL 60005		T 200	DONOTANR	
Wife "		ويدارين المجيد	NAME		INTHIS SPA	CE
TREET ADDRESS		-	STREET	ADDRESS		
2TY - 8T - ZIP			'cir's	1300		
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TREET ADDRESS			NAMES	Annoese	Application of the control of the co	
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ותב]			mie	71	1000 1000 1000 1000 1000 1000 1000 100	ENGRAL STREET
AME TREET ADDRESS		•	NAME			
TY - ST - ZIP			STREET	ADDRESS		100 A
3. I hereby cer	rtify that the information supplied with the	nis filing does not qualify f			Section 119.07(3)(i), Florida Statutes, I fu	(1)
an officer or	r director of the compression or the recei	VAL OF ITTIEFED OFFICE	********	not my signature s	Section 119.07(3)(i), Florida Statutes. I furnital have the same legal effect as if mac	in a let certify that the let under cath; that I am
appears in	Block 11 or on an attachment with an a	ddress, with all other like	eurbower no exect	red.	Anned by Cuspter 607, Holds Statutes	; and that my name
SIGNATU	IRE: /2/bonn	- THOMA	25 /	DHENNE	(4)	847)
	SIGNATURE AND TYPED OR PRI			R DIRECTOR	N 4-19-02 5	67-X244

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Form 7004 (Rev. October 2000) Application for Automatic Extension of Times (1998) (1998) To File Corporation Income Tax Return

nternal Revenue Service		<u> </u>				}
Name of corporation 🍰					Employer l	dentification number
B.V.A. CO-OP	TNC					,
	36-2706087.					
lumber, street, and room or suite (M. C. J. S.					
ity or town, state, and ZIP code						
ARLINGTON HEIC	GHTS IL	60005				
theck type of return to be filed						
Form 990-C		Form 1120-FSC	ſ	Form 1120-PC		Form 1120
Form 1120	!	Form 1120-H	ľ	Form 1120-POL		Form 1120
☐ Form 1120-A	į	Form 1120-L	Γ	Form 1120-REIT	•	Point 1/20
Form 1120-F		Form 1120-ND		Form 1120-RIC		
Form 1120-F filers:	Check here if the fo	reign corporation does	not maintain an office or p	ilace of business in th	ne	
1 Request for Automatic	United States					J
	Extension (see instru	ictions)		_		
a Extension date. I reques	it an automatic 6-mon	in (or, for certain corpor	ations, 3-month) extensio			
year 20 01 or ▶	tax year beginning	ax return of the corpora		▶ X calend	iar	
b Short tax year. If this tax		g	, and ending			
Initial return	Final retu	m	Change in accounting	a mariad	П	
2 Affiliated group member	rs (see instructions).	f this application also co	Were subsidiaries to be in	divided in a concelle	Consolida	ited return to be filed
return, provide the following	ng information:			20000 11 9 CO180003	.080	
Name and address of	each member of the	affiliated group	Employer id	entification number		Tax period
						100 00100
		•				
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			1			_
						
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Tentative tax (see instruction	ns)					
Tentative tax (see instruction		lons			. 3	· · · · · · · · · · · · · · · · · · ·
Payments and refundable	credits: (see instruct				3	
Payments and refundable Overpayment credited from	credits: (see instruct	4a	<u></u>		3	
Payments and refundable Overpayment credited from Estimated tax payments for	credits: (see instruct prior year the tax year				3	
Payments and refundable Overpayment credited from Estimated tax payments for Less refund for the tax year for on Form 4466	credits: (see instruct prior year the tax year applied	4a 4b 4c	Bal D 4d		3	
Payments and refundable Overpayment credited from Estimated tax payments for Less refund for the tax year for on Form 4466 Credit for tax paid on undistr	credits: (see instruct prior year the tax year applied	4a 4b 4c	Bal 4d 4e		3	
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Payments and refundable Overpayment credited from Estimated tax payments for Less refund for the tax year for on Form 4466 Credit for tax paid on undistr Credit for Federal tax on fue	credits: (see instruction of year the tax year applied ributed capital gains (is (Form 4136)	4a 4b 4c Form 2439)	46		3	I
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