

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90033 007 ***150.00

05/03/02 AV

DOCUMENT # F97000005019

1. Entity Name

M & J WILKOW HOTEL GROUP, INC.

Principal Place of Business

**180 NORTH MICHIGAN AVENUE
 SUITE 200
 CHICAGO IL 60601**

Mailing Address

**180 NORTH MICHIGAN AVENUE
 SUITE 200
 CHICAGO IL 60601**

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

36-4183248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**M & J EQUITIES CORPORATION
 4985 W. IRLO BRONSON HWY
 KISSIMMEE FL 34746**

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.

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	WILKOW, MARC	
STREET ADDRESS	180 NORTH MICHIGAN AVE., STE 200	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILKOW, CLIFTON J	
STREET ADDRESS	180 NORTH MICHIGAN AVE., STE 200	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, DAVID W	
STREET ADDRESS	180 NORTH MICHIGAN AVE., STE 200	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIENTARA, CHERYL	
STREET ADDRESS	180 NORTH MICHIGAN AVE., STE 200	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIGAN, THOMAS	
STREET ADDRESS	180 NORTH MICHIGAN AVE., STE 200	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL PALA	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input checked="" 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		

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: *Cheryl Pala* **SECRETARY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02
 Date

312-726-9622
 Daytime Phone #

CR2E034 (9/01)