

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005771

1. Entity Name

JACK LEWIN ASSOCIATES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90152 032 ***150.00

Principal Place of Business

Mailing Address

700 INDUSTRIAL DRIVE
STE. 2W
BENSENVILLE IL 60106

700 INDUSTRIAL DRIVE
STE. 2W
BENSENVILLE IL 60106

2. Principal Place of Business

3. Mailing Address

2761 Old Higgins Road
Suite, Apt. #, etc.

2761 Old Higgins Road
Suite, Apt. #, etc.

City & State

Elk Grove Village, IL

City & State

Elk Grove Village, IL

4. FEI Number

36-2941098

Applied For

Not Applicable

Zip

60007

Country

USA

Zip

60007

Country

USA

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

LEWIN, JACK
1875 NW 124TH AVENUE
CORAL SPRINGS FL 33071-7840

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, 2001 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 PS
NAME LEWIN, JACK
STREET ADDRESS 1875 NW 124TH AVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME LEWIN, ETTA
STREET ADDRESS 1875 NW 124TH AVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

JACK LEWIN PRESIDENT

01/30/00

954-340-7774

Date

Daytime Phone #

CR2E034 (10/00)