

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0650559 AT

DOCUMENT # F98000000673

1. Entity Name  
KING'S CROSSING REALTY CORP.



FILED

03 APR 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257

Mailing Address  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257

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 88-0384878

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

7. Name and Address of New Registered Agent

FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVCD  
WAGNER, NATHAN  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CVSD  
GOLDMAN, ROBERT U  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400016106624  
04/16/03--01037--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WAGNER, SUSAN  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WAXMAN, CHARLES  
1695 LAKE COOK ROAD, APT. 229  
HIGHLAND PARK IL 60035

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHWARTZBERG, ALBERT  
50 MAIN STREET, 4TH FLOOR, SUITE 435  
WHITE PLAINS NY 10606

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445

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

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 Robert U. Goldman 3/25/03 (847) 432-3666  
600 CENTRAL AVENUE, SUITE 365  
HIGHLAND PARK IL 60035-3257  
Date Daytime Phone #

0650559 AT

CR2E034 (10/02)