

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000157

1. Entity Name

BONAVIDA CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90102 027 ***150.00

Principal Place of Business

~~500 WEST MADISON STREET, SUITE 2980~~
CHICAGO IL 60661

Mailing Address

~~500 WEST MADISON STREET, SUITE 2980~~
CHICAGO IL 60661

2. Principal Place of Business

222 S. Riverside Plaza
Suite 1450
Chicago, IL 60606

3. Mailing Address

222 S. Riverside Plaza
Suite 1450
Chicago, IL 60606



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-4267407**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

TITLE **PDT** ☐ Delete
NAME **KORZEN, BRADFORD**
STREET ADDRESS **5750 WILSHIRE BLVD. STE 512**
CITY-ST-ZIP **LOS ANGELES CA 90036**

TITLE **VDS** ☐ Delete
NAME **ELOWE, JEFFREY S**
STREET ADDRESS ~~500 WEST MADISON STREET, SUITE 2980~~
CITY-ST-ZIP **CHICAGO IL 60661**

TITLE **ASD** ☐ Delete
NAME **BERGER, STEPHEN L**
STREET ADDRESS **2 NORTH LASALLE ST. STE 2200**
CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **AVP** ☐ Delete
NAME **BURJEK, EDWARD F**
STREET ADDRESS ~~500 WEST MADISON STREET, SUITE 2980~~
CITY-ST-ZIP **CHICAGO IL 60661**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

312 669-1200
Daytime Phone #

CR2E034 (10/00)