

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90006 029 ***150.00

DOCUMENT # F99000005329

1. Entity Name

ESKENAZI, FARRELL & FODOR, P.C.

Principal Place of Business

125 SOUTH CLARK ST.
~~175 WEST JACKSON BLVD.~~
CHICAGO IL ~~60604~~ **60603**

Mailing Address

~~175 WEST JACKSON BLVD.~~ **125 SOUTH CLARK**
CHICAGO IL ~~60604-2801~~ **60603**

2. Principal Place of Business

125 S. CLARK ST.

3. Mailing Address

125 S. CLARK ST.

Suite, Apt. #, etc.

1822

Suite, Apt. #, etc.

1822

City & State

CHICAGO, IL

City & State

CHICAGO, IL

4. FEI Number

36-3803901

Applied For

Not Applicable

Zip

60603

Country

COOK

Zip

60603

Country

COOK5. 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DP**
NAME **ESKENAZI, NISSIM I**
STREET ADDRESS **310 SHERIDAN**
CITY-ST-ZIP **PARK FOREST IL 60466** ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVT**
NAME **FARREL, WALTER W**
STREET ADDRESS **2445 CENTRAL PARK AVENUE**
CITY-ST-ZIP **EVANSTON IL 60201** ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS**
NAME **FODOR, JOHN R**
STREET ADDRESS **202 GALE AVENUE**
CITY-ST-ZIP **RIVER FOREST IL 60305** ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)