

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005394

1. Entity Name

GROUP III PROMOTIONS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90137 014 ***150.00

Principal Place of Business

Mailing Address

820 W. JACKSON, STE. 650
CHICAGO IL 60607

820 W. JACKSON, STE. 650
CHICAGO IL 60607-3026

2. Principal Place of Business

3. Mailing Address

GROUP III PROMOTIONS, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1155 S. Washington St. #204

City & State

City & State

Naperville, IL

Zip

Country

Zip

Country

60540

USA

4. FEI Number

36-3188540

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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 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	PD	<input type="checkbox"/> Delete
NAME	DISKIN, LARRY	
STREET ADDRESS	820 W. JACKSON, STE. 650	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARRINELLO, VINCENT	
STREET ADDRESS	820 W. JACKSON, STE. 650	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Larry Diskin

Larry Diskin, President

3.24.00

630/983-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)