## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # L48679** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name CHICAGO FINANCIAL, CORPORATION 04-24-2000 90159 007 \*\*\*150.00 Mailing Address Principal Place of Business SAKOWITZ. ALAN 1111 KANE CONCOURSE, SUITE 400 **BAY HARBOR ISLANDS FL 33154** 1111 KANE CONCOURSC SUITE 401 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 61-0175589 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAKOWITZ, ALAN Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE, SUITE 401 **BAY HARBOR ISLANDS FL 33154** Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME GREENBOIM, YECHESKEL STREET ADDRESS STREET ADDRESS 1111 KANE CONCOURSE, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GREENBOIM, ESTHER STREET ADDRESS STREET ADDRESS 1111 KANE CONCOURSE, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154** □ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP n this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied 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 apowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental re of the corporation or the receiver or truste changed, or on an attachment with an ac

Date

Daytime Phone