

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90125 029 \*\*\*150.00

**DOCUMENT # P23855**

1. Entity Name  
**CONTINENTAL FINANCIAL, LTD., INC.**



Principal Place of Business 555 SKOKIE BLVD 350 NORTHBROOK IL 60062 US	Mailing Address 555 SKOKIE BLVD 350 NORTHBROOK IL 60062 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **36-3594094**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAMPELL, PAUL**  
**388 GOODLETTE ROAD SOUTH**  
**NAPLES FL 33940**

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 *Andrea Michna*

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 \$350.00**  
**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	<b>PO</b>	<input type="checkbox"/> Delete
NAME	<b>ROSIN, JOSEPH A.</b>	
STREET ADDRESS	<b>555 SKOKIE, #350</b>	
CITY-ST-ZIP	<b>NORTHBROOK IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MICHNA, ANDREA</b>	
STREET ADDRESS	<b>555 SKOKIE, 350</b>	
CITY-ST-ZIP	<b>NORTHBROOK IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROSIN, BARBARA</b>	
STREET ADDRESS	<b>555 SKOKIE, #350</b>	
CITY-ST-ZIP	<b>NORTHBROOK IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 *Andrea Michna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)