

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28200

1. Entity Name

M & J WILKOW, LTD., INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90194 026 ***150.00

Principal Place of Business

Mailing Address

N MICHIGAN AVENUE
200
CHICAGO IL 60601

180 N MICHIGAN AVENUE
SUITE 200
CHICAGO IL 60601-7401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3683868**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VS	COBURN, CYNTHIA A	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	180 N MICHIGAN AVENUE, #200		NAME	Cheryl Zientara	
ST-ZIP	CHICAGO IL		STREET ADDRESS	180 N. Michigan Ave, #200	
			CITY-ST-ZIP	Chicago, IL 60601	
VT	HARRIGAN, THOMAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	180 N MICHIGAN AVENUE, #200		NAME		
ST-ZIP	CHICAGO IL		STREET ADDRESS		
			CITY-ST-ZIP		
P	WILKOW MARC R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	180 N. MICHIGAN AVE #200		NAME		
ST-ZIP	CHICAGO IL		STREET ADDRESS		
			CITY-ST-ZIP		
V	HARVEY, DAVID W	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	180 N MICHIGAN AVENUE, #200		NAME		
ST-ZIP	CHICAGO IL		STREET ADDRESS		
			CITY-ST-ZIP		
VP	WILKOW, CLIFTON J	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	180 N MICHIGAN AVE, #200		NAME		
ST-ZIP	CHICAGO IL 60601		STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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

Marc R. Wilkow

2/14/00

Date

(312) 726-9622

Daytime Phone #

CR2E034 (9/99)