

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000006

1. Entity Name

CENTRAL SOUTHEAST-WEST DEVELOPMENT L.C.

Principal Place of Business

31731 NORTHWESTERN HIGHWAY, SUITE 250W  
FARMINGTON HILLS MI 48334

Mailing Address

31731 NORTHWESTERN HIGHWAY, SUITE 250W  
FARMINGTON HILLS MI 48334-1668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3149405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPTAK, PAOLA M  
2295 CORPORATE BLVD. N.W. #240  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

Luptak, Paola M  
4700 NW Boca Raton Blvd

City

4th Floor  
Boca Raton, FL 33431

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS BEZNOS, HAROLD  
CITY- ST- ZIP 31731 NORTHWESTERN HWY. #250 W  
FARMINGTON HILLS MI 48334 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003269573--3  
CITY- ST- ZIP -05/30/00--01009--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-19-2000

CR2E083 (9/99)