

2000 UNIFORM BUSINESS REPORT (UBR)

0550410

DOCUMENT # 206558

1. Entity Name

SLAVIK, INC.

FILED

00 APR 14 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS MI 48334		Mailing Address 32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS MI 48334-3379	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 38-6076195	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOMISCO INCORPORATION, INC. 222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Capital Connection, Inc. Street Address (P.O. Box Number is Not Acceptable) 417 E. Virginia Street, Suite #1 City Tallahassee FL Zip Code 32301
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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 *Weimar Lopez for Capital Connection* DATE **4/14/00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAVIK SR, STEPHAN F 5152 MIRROR CT. W. BLOOMFIELD MI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003215134--8 -04/19/00--01094--021 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURIA, DEL J. 32605 W. 12 MILE ROAD SUITE 350 FARMINGTON HILLS MI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLD, ERIC A. 32605 W. 12 MILE ROAD, SUITE 350 FARMINGTON HILLS MI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRASCO, JOHN W. 32605 W. 12 MILE ROAD., SUITE 350 FARMINGTON HILLS MI ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Stephan F. Slavik* **SP** **4-10-00** **248-488-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)