

2002 UNIFORM BUSINESS REPORT (UBR)

0017860 AT

DOCUMENT # A10940

1. Entity Name

APPEGATE PLAZA LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 12:33

WLS/PH

Principal Place of Business

1000 S. OLD WOODWARD AVE.
SUITE 201
BIRMINGHAM MI 48009

Mailing Address

1000 S. OLD WOODWARD AVE.
SUITE 201
BIRMINGHAM MI 48009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

38-2403817

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

RIVKIN, BERNARD
5940 SW 19TH STREET
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$142,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$142,400.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME BROWN, EMERY
STREET ADDRESS 1000 S. OLD WOODWARD
CITY-ST-ZIP BIRMINGHAM MI 48009

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME RIVKIN, BERNARD
STREET ADDRESS 1000 S. OLD WOODWARD
CITY-ST-ZIP BIRMINGHAM MI 48009

STREET ADDRESS

CITY-ST-ZIP

000005638700--4
-05/30/02--01007--009
****935.00 ****935.00

DOCUMENT #
NAME SAVIN, JOSEPH
STREET ADDRESS 1000 S. OLD WOODWARD
CITY-ST-ZIP BIRMINGHAM MI 48009

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature of Bernard Rivkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/3/02 248-647-3255

CR2E003 (9/01)

SIAPLE CHECK HERE