

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16269**

1. Entity Name

**BELLEAGATE ASSOCIATES, A MICHIGAN LIMITED PARTNER
SHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 12:31

4/5/24

Principal Place of Business

**C/O SANBREEN COMPANY
1000 S. OLD WOODWARD AVE., SUITE 201
BIRMINGHAM MI 48009**

Mailing Address

**C/O SANBREEN COMPANY
1000 S. OLD WOODWARD AVE., SUITE 201
BIRMINGHAM MI 48009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

38-2512426

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIVKIN, BERNARD
5940 SW 19TH STREET
PLANTATION FL 33317**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$6,975.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$6,975.00

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 STREET ADDRESS CITY-ST-ZIP	BROWN, EMERY 1000 S. OLD WOODWARD BRIMINGHAM MI 48009	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RIVKIN, BERNARD 1000 S. OLD WOODWARD BRIMINGHAM MI 48009	STREET ADDRESS	
		CITY-ST-ZIP	400005638584--8 -05/30/02--01005--019 *****550.00 *****550.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SAVIN, JOSEPH 1000 S. OLD WOODWARD BRIMINGHAM MI 48009	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/3/02

248-647-3255

Date Daytime Phone #

CR2E003 (9/01)