

2001 UNIFORM BUSINESS REPORT (UBR)

0018436 AF

DOCUMENT # **A95000001409**

1. Entity Name

ENTERTAINMENT CENTER LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 5:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1533 N. WOODWARD AVE.
SUITE 340
BLOOMFIELD HILLS MI 48304-2864**

Mailing Address
**P.O. BOX 893
BLOOMFIELD HILLS MI 48303**

2. Principal Place of Business
38500 Woodward Ave.

3. Mailing Address
**Suite, Apt. #, etc.
Suite 310**

City & State
Bloomfield Hills, MI

City & State

Zip
48304-2864

Country

Zip

Country

4. FEI Number
65-0612816

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARONOFF, ARNOLD Y
626 GULF SHORE BLVD. SOUTH
NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name
Aronoff, Janet

Street Address (P.O. Box Number is Not Acceptable)
626 Gulf Shore Blvd. South

City
Naples

FL Zip Code
34102

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 **JANET ARONOFF** **4/25/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions
as Shown on record. **\$100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P95000072299**
NAME **ENTERTAINMENT CENTER, INC.**
STREET ADDRESS **1533 N. WOODWARD AVE.**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304-2864**

STREET ADDRESS **38500 Woodward Ave., Suite 310**
CITY-ST-ZIP **Bloomfield Hills, MI 48304-2864**

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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: **Daniel J. Aronoff** **4/25/01** **248-642-0190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)