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## **2002 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

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DOCU	OCUMENT # B0000000302  Entity Name  MIREL OF CANTON LIMITED PARTNERSHIP							FILED UH 21 AM 9: 20			7936 AT
WIBEL OF CANTON, LIMITED PARTNERSHIP							05.7	UH ZI			7
							QF.	CRETARY OF STATE	`		
Principal Place of Business Mailing Address 581 BENNINGTON 581 BENNINGTON BLOOMFIELD HILLS MI 48304 BLOOMFIELD HILLS MI 4830					2304	ļ	TAL	ORETARY OF STATE LAHASSEE, FLORIDA			
DECOMINEED	TILLED MI 10004		U	EQUALITEES FILEES AND AN	<del>,</del>		 	BIL BBILL BRIDL BRUZ BRIZL BBZLL BBILL		<b>aa</b> 11319 <b>da</b> 21 <b>0</b> 1201 2 <b>00</b>	ı
Principal Place of Business     3. Mailing Address											ļ
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & State	e			City & State		35-1174	4. Fel Nymber	APPLIED FOR	}	Applied For Not Applicab	ole
Zip		Country	Z	Zip	Cour	itry	5. Certificate of	Status Desired		5 Additional equired	
	6. Name and	d Address of Current	Regist	tered Agent			7. Name and A	ddress of New Registered			$\exists$
CORPORA	ATION SERVIC	F COMPANY				Name		-			
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (I	P.O. Box Number	is Not Acceptable)			
TALLAHASSEE FL 32301-2525											
***						City		FL	. Zi	p Code	
8. The above	named entity su	bmits this statement fo	or the p	urpose of changing its	register	ed office or register	ed agent, or both,	in the State of Florida.	•		
SIGNATURE .	Signature, typed or pri	inted name of registered agent	and title if	f applicable.				DATE			
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.						butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GEN	IERAL PARTNER 1	THAT'	IS A BUSINESS EN	TITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS OFFIC to change a general pa	E.		7-
12.	NOTE: G	GENERAL PARTNE			13.	i; an amenomen		NDDRESS DEAMOES OF		38 <u></u> =	
DOCUMENT #	WIREI MADI		STRE	EET ADDRESS	•	-06/25/02	0106		, 10%		
name Street address City-St-Zip	WIBEL, MARK V 581 BENNINGTON BLOOMFIELD HILLS MI 48304				CITY	'-ST-ZIP					72E003 (9/01)
DOCUMENT #					STRE	EET ADDRESS					
NAME Street Address City-St-Zip	<b> </b> 				CITY	-ST-ZIP					
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CITY-ST-ZIP DOCUMENT #	<u> </u>				STRI	EET ADDRESS			_		$\dashv$
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DOCUMENT #					STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP					
14. I hereby of indicated the receiv	certify that the int on this report is er or trustee em	formation supplied with true and accurate and power pot to execute th	n this fil that m is repo	ing does not qualify for y signature shall have rt as required by Onap	the exe the same ter 620,	mption stated in Se e legal effect as if m Florida Statutes	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I further cer hat I am a General Partner of	tify tha the lin	it the information nited partnership	or