## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## May 16, 2001 8:00 am Secretary of State DOCUMENT # F0000004258 05-16-2001 90242 007 \*\*\*150.00 ASSOCIATES GENERAL, INC. Principal Place of Business Mailing Address 31731 NORTHWESTERN HWY., STE. 250-W 31731 NORTHWESTERN HWY., STE. 250-W FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3463955 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent uptak, Yaola M CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 4700 NW Boca Raton Blvd, purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTCD TITLE TITLE Delete BEZNOS, MAURICE J NAME NAME 31731 NORTHWESTERN HWY., STE. 250-W STREET ADDRESS STREET ADDRESS FARMINGTON HILLS MI 48334 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME BEZNOS, NORMAN NAME STREET ADDRESS 31731 NORTHWESTERN HWY., STE. 250-W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARMINGTON HILLS MI 48334 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST- ZIP

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.

Daytime Phone #

FILED