## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## F93000001784 DOCUMENT #

1. Entity Name EISENMANN PROPERTIES, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90252 009 \*\*\*150.00

						WE				
Principal Place of Business Mailing Address										
300 E LONG LAKE RD			300 E LONG LAKE RD					(	90002	889
SUITE 365		_	SUITE 365				•	•	10006	446
	HILLS MI 48304		BLOOMFIELD HILLS MI 48304				1 160/166 1810 10100 1811	L <b>Jur</b> au <b>a d</b> alah <b>ara</b> an	######################################	1 14111 0101 1441
US 2 Principal	Diago of Business	US		<del></del> .						i (8)()
2. Principal Place of Business 3.			3. Mailing Address				1   <b>                                   </b>	i maliti mesti katif malti	COLUI II DII IOSE	i irdii <b>c</b> hai ibri
Suite, Ap	t # etc		An A							
Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF MAKING CHANGES			
City & State City & State							A EU Number			
							38-2400501			Applied For
Zip Country		Zip	Zip		Country			7		lot Applicable
					·		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
MARQUA	والمناز فسيدون	~ Ch			1					
400 CLEVELAND STREET					Street Address (P.O. Box Number is Not Acceptable)					
CLEARWA	ATER FL 34615			Ī			<del></del>		,,,,,,	
			•	- 1						
J 5					City			FI		
8. The above the obliga	named entity submits this statement tions of registered agent.	for the purp	oose of changing its	registere	d office o	r registere	d agent, or both, in the Sta	te of Florida. I am	familiar with	and accept
	2 2 3 3 4 4									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if and	olicable. (NOTE	Registered	Agent signs	tura roquirod u	when reinstating)			
			1		Agont signs	III I I I I I I I I I I I I I I I I I	user remarkfulð)	DATE		
Λffo	FILE NOW!!! FEE IS \$150.00 ir May 1, 2003 Fee will be \$550.00						9. Election Camp.	aign Financing	¢= (	<b>)0</b> May Be
Make Check	k Payable to Florida Department	of State					Trust Fund Cor			d to Fees
10.			De	-	<u>-</u> -					<u></u>
TITLE .	VS	DUINECTO	□ Delete	11.		VTS	ADDITIONS/CHANGES	O OFFICERS AN		S IN 11
NAME	SCHWARZ, ALOYS K		Li Delete	TITLE NAME			rz, Aloys K.		Change	☐ Addition
STREET ADDRESS	300 E LONG LAKE RD., STE. 36	5	in the second se		ADDRESS		Long Lake Ro	Sto 3	65	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	•		CITY-S		Bloom	field Hills, M	I 48304	0.5	
TITLE	D		☐ Delete	TITLE		D		- 10307	1271 01	
NAME	SCHUBERT, ANGELA		. Delete	NAME			mann-Schubert,	Angela	K Change	Addition
STREET ADDRESS	TUEBINGER STRASSE 81	•		_	ADDRESS	Bomme				ŀ
CITY-ST-ZIP	BOEBLINGEN GE			CITY-S	T-ZIP	CH857	3 Alterswilen	- Switzer	land	
TITLE	D		☐ Delete	TITLE		D			<b>€</b> Change	Addition
NAME	MITTENZWEI, EVA			NAME		Eisen	mann-Mittenzwe	i. Eva	ET CHAILGE	Addition
STREET ADDRESS	TUEBINGER STRASSE 81			STREET	ADDRESS		Schleissheimer Str. 80 C			
CITY-ST-ZIP	BOEBLINGEN GE			CITY-S	T-ZIP	D-807	97 Munich - Ge	rmanv		- 1
TITLE	PT	-	□ Delete	TITLE	- <del></del>	P ===	The second secon		☐ Change	Addition
	DUDA, KLAUS			NAME		Eisen	mann-Schubert,	Thomas		
	TUEBINGER STR. 81	٠.	•	STREET	ADDRESS		Str. 18			
CITY-ST-ZIP	Booblingen ge	· · · ·		CITY-S	T-ZIP		06 Zurich - Sw	itzerland		
TITLE			☐ Delete	TITLE		V			☐ Change	<b></b> Addition
NAME				NAME		Eisen	mann-Mittenzwe	i, Charlo	tte	_
STREET ADDRESS CITY-ST-ZIP					ADDRESS		issheimer Str.			
			·	CITY-S	r-ZIP	D-807	97 Munich - Ge	rmany		_
TITLE			Delete	TITLE			·····	-	Change	Addition
NAME STREET ADDRESS				NAME					-	
CITY-ST-ZIP					ADDRESS					
				CITY-ST	-ZIP					
iz. Triereny Ci	ertify that the information supplied with	a thic filling o	tope not available for th	L			3 4 6 6 7 ( S ) 11 S - 1 S - 1 S - 1			

12 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Aloys K. Schwarz

STREQUIRNICE President

1/08/03

Date

(248) 645-1444

Daytime Phone #