

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90105 024 ***150.00

DOCUMENT # F93000005767

1. Entity Name
GP JAMAICA BAY CORP.

Principal Place of Business SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009	Mailing Address SUITE 300 280 DAINES STREET BIRMINGHAM MI 48009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 38-3152197		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RINES, MILTON 15235 S TAMiami TRAIL FT MYERS FL 33908				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOTOFF, PAUL M		NAME		
STREET ADDRESS	280 DAINES STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBERMAN, CHARLES		NAME		
STREET ADDRESS	280 DAINES STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMELIN, BRIAN M		NAME		
STREET ADDRESS	20500 CIVIC CENTER DRIVE, SUITE 3000		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48037-0188		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ARTHUR		NAME		
STREET ADDRESS	280 DAINES ST SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTER, GLORIA A.		NAME		
STREET ADDRESS	280 DAINES STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *Charles Soberman* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 02/12/02 **Daytime Phone #** (248) 645-9220

CR2E034 (9/01)