

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 026 ***150.00

0649134 AT

DOCUMENT # F94000006268

1. Entity Name
ISLAND DEVELOPMENT GROUP LIMITED, INC.



Principal Place of Business
**40700 WOODWARD AVENUE SUITE 220
BLOOMFIELD HILLS MI 48304**

Mailing Address
**40700 WOODWARD AVENUE SUITE 220
BLOOMFIELD HILLS MI 48304**



2. Principal Place of Business
c/o Anthony A. Yezbick, P.C.

3. Mailing Address
c/o Anthony A. Yezbick, P.C.

Suite, Apt. #, etc.
40700 Woodward Avenue, Suite A

Suite, Apt. #, etc.
40700 Woodward Avenue, Suite A

☐ CHECK HERE IF MAKING CHANGES

City & State
Bloomfield Hills, MI

City & State
Bloomfield Hills, MI

4. FEI Number
38-3083163

Applied For
☐ Not Applicable

Zip
48304

Country
U.S.A.

Zip
48304

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURLOW, THOMAS H JR
THURLOW & SMITH, P.A.
17 MARTIN L. KING, JR. BLVD.
STUART FL 33494**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MD** ☐ Delete
NAME **PATEL, HITEN C. M. D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **BASSETT, JOSEPH S M.D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **HOSKI, JOSEPH A M.D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **LALA, MICHAEL, M. D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **KAPDI, CHANDRAKANT C M.D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☐ Delete
NAME **PATEL, HITEN C. M. D.**
STREET ADDRESS **40700 WOODWARD AVE. STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE

Managing Director

4/23/2003 (248)645-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)