

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005810

1. Entity Name

G.P. VISTA PLAZA, INC.

Principal Place of Business

3011 W. GRAND BLVD., STE. 2405
DETROIT MI 48202

Mailing Address

3011 W. GRAND BLVD., STE. 2405
DETROIT MI 48202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0792863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETER D. CUMMINGS & ASSOCIATES, INC.
3399 PGA BLVD
STE 450
WEST PALM BEACH FL 33410

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CPT ☐ Delete
NAME CUMMINGS, PETER D
STREET ADDRESS 3011 W. GRAND BLVD., STE. 2405
CITY-ST-ZIP DETROIT MI 48202

TITLE VS ☐ Delete
NAME CUMMINGS, KEITH L
STREET ADDRESS 3399 PGA BLVD STE 450
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE V ☒ Delete
NAME CHASEN, DONALD
STREET ADDRESS 3399 PGA BLVD STE 450
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition
NAME DAVID A. DEAN
STREET ADDRESS 3399 PGA BLVD, SUITE 450
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. DEAN, VP 4/14/01 561-630-6110

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90068 015 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)