

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90073 015 ***150.00

0606526 AT

DOCUMENT # F98000004573

1. Entity Name

GP GENESIS CORP.

Principal Place of Business

**280 DAINES STREET, SUITE 300
 BIRMINGHAM MI 48009**

Mailing Address

**280 DAINES STREET, SUITE 300
 BIRMINGHAM MI 48009**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3449706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RINES, HILTON
 15235 S TAMiami TRAIL
 FT MEYERS FL 33908**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	ZLOTOFF, PAUL M	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, ARTHUR A	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SOBERMAN, CHARLES A	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KOSTER, GLORIA A	
STREET ADDRESS	280 DAINES STREET, SUITE 300	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZUSSMAN, RICHARD A	
STREET ADDRESS	ONE WOODWARD AVE., SUITE 2400	
CITY-ST-ZIP	DETROIT MI 48226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

(248) 645-9220

Date

Daytime Phone #

CFR2E034 (9/01)