

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002689

1. Entity Name

VTR SOUTHWEST CORPORATION

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 042 ***150.00

Principal Place of Business

Mailing Address

100 GALLERIA OFFICENTRE, SUITE 219
SOUTHFIELD MI 48034

100 GALLERIA OFFICENTRE, SUITE 219
SOUTHFIELD MI 48034-8428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2081910

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Janet Aronoff

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

626 Gulfshore Boulevard South

City Naples

FL

Zip Code
34102

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)

JANET ARONOFF 3-15-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME CHEEK, LARRY
STREET ADDRESS 100 GALLERIA OFFICENTRE, SUITE 219
CITY-ST-ZIP SOUTHFIELD MI 48034 ☐ Delete

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

TITLE S
NAME ARONOFF, DANIEL J
STREET ADDRESS 679 HANNA
CITY-ST-ZIP BIRMINGHAM MI 48009 ☐ Delete

TITLE S
NAME Aronoff, Daniel J
STREET ADDRESS 100 Galleria Officentre, Suite 219
CITY-ST-ZIP Southfield, MI 48034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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
DANIEL J. ARONOFF

Date

Daytime Phone #

3/15/2000 248-352-7666

CR2E034 (9/99)