

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 004 ***150.00

DOCUMENT # F99000002689

1. Entity Name

VTR Southwest Corporation

Principal Place of Business 100 Galleria Suite 219 Southfield, MI 48034	Mailing Address 100 Galleria Suite 219 Southfield, MI 48034
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00056859

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 38500 Woodward Ave. Suite, Apt. #, etc. Suite 310 City & State Bloomfield Hills, MI Zip 48304	3. Mailing Address 38500 Woodward Ave. Suite, Apt. #, etc. Suite 310 City & State Bloomfield Hills, MI Zip 48304
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4. FEI Number 59-2081910	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Aronoff, Janet
626 Gulfshore Blvd. South
Naples, FL 34102

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Cheek, Larry 100 Galleria, Suite 219 Southfield, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Cheek, Larry 38500 Woodward Ave., Suite 310 Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Aronoff, Daniel J. 100 Galleria Suite 219 Southfield, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Aronoff, Daniel J. 38500 Woodward Ave. Suite 310 Bloomfield Hills, MI 48304 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

4/30/01 248-642-0190

CR2E034 (11/00)