

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90019 025 ***150.00

080676 AT

DOCUMENT # K48178

1. Entity Name

SILVER LAKE PLAZA, INC.

Principal Place of Business

Mailing Address

**7520 W. WATERS AVENUE
 16
 TAMPA FL 33615
 US**

**26200 AMERICAN DRIVE #305
 SOUTHFIELD MI 48034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8405 N. Himes Ave

P.O. Box 18044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, FL 33614

TAMPA, FL.

4. FEI Number

65-0099247

Applied For

Not Applicable

City & State

City & State

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

**ISSA, KAMEL
 3418 WEST GRANADE STREET
 TAMPA FL 33629**

Name **ISSA. KAMEL**

Street Address (P.O. Box Number is Not Acceptable)
2309 W. TEXAS AVE

City **TAMPA**

FL

Zip Code **33629**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PP** ☐ Delete
 NAME **KING, THOMAS E**
 STREET ADDRESS **305 BARCLAY CIR, STE 1000**
 CITY-ST-ZIP **ROCHESTER HILLS MI 48307**

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

TITLE **D PRES. & DIR** ☐ Delete
 NAME **SAMHAT, HAROLD S**
 STREET ADDRESS **267 WOODBERRY DR**
 CITY-ST-ZIP **BLOOMFIELD HILLS MI**

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

TITLE **D** ☐ Delete
 NAME **YOUNG, RODGER D**
 STREET ADDRESS **26200 AMERICAN DR STE 305**
 CITY-ST-ZIP **SOUTHFIELD MI 48034**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

HAROLD S. SAMHAT
SIGNATURE REQUIRED

2/20/02 FL 941-474-7065
MI 248-6472 8422

Date

Daytime Phone #

CR2E034 (9/01)