Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000012889  1. Entity Name INTERPLANE LLC						FILED STATE SECRETARY OF STATE DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS			
Principal Place 39440 SOUTH ZEPHYRHILLS	I AVENUE			01 MAR -6 PM 2: 49				٠.	
2. Principal Pl	lace of Business #, etc.	3. Mailing Address 30 LEE GATE LANE Suite, Apt. #, etc.		<u> خ</u> لبر	DO NOT WRITE IN THIS SPACE		10110 1611 1601 .		
City & State		City & State GOINTE FANTS		ms, m)	4. FEI N	iumber - 3677 083	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip 48236	Coun <b>()</b> -	try SA	5. Certif	ficate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New Registe	ered Agent		
•	, BENJAMIN H			Street Address (	P.O. Box N	umber is Not Acceptable)			_
	outh avenue HLLS FL 33540					<u></u> , , , , , , , , , , , , , , , , , ,			
				City	FL Zip Code			e	
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent	and title if applicable. (NOTE	:: Registere	d Agent signature required	d when reinstati		DATE		
9.	MANAGING MEMB	10.			ADDITIONS/CHAI	NGES		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTERPLANE USA L 30 LEE GRAD LAND GROSSO POINTO FARM MI 45236 %	ME (ME RM)  ALEH ). MANDARA	_				☐ Change	☐ Addition	JE002 /11/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete				ţ	☐ Change	☐ Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				-9000033 -03/20/0 *****50	87999 101030- .80 ****	-025	_
TITLE NAME STREET ADDRESS CITY_ST-ZIP		☐ Delete	1	1.			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADTRESS CITY-ST-ZIP		Delete					☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company of the receiver or truste	I that my signature shall have	the sam report a	e legal effect as if r s required by Chap	made unde oter 608, Fk	ir oath; that I am a managing r	3 /3	er of trie	