## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED **DOCUMENT #** L01000009119 02 JUL 12 AM 9: 29 1. Entity Name UZNIS DEVELOPMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 417 17TH STREET 3. Mailing Address C/O DHC, PC, 39533 WOODWARD AVE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 312 DO NOT WRITE IN THIS SPACE SUITÉ #3 City & State WEST PALM BEACH, City & State 4. FEI Number Applied For BLOOMFIELD HILLS, MI 65-1109927 Not Applicable Zip Country Country \$5.00 Additional 33401 USA 48304 5. Certificate of Status Desired USÁ Fee Required 7. Name and Address of Current Registered Agent Name JOHN C. UZNIS DO NOT WRITE IN THIS SPACE **UNIT 104** WEST PALM BEACH, 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 <u>John C. Uznis</u> Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS / MANAGERS MANAGING MEMBER TITI F TITLE JOHN C. UZNIS NAME NAME 28900 WOODWARD AVENUE STREET ADDRESS STREET ADDRESS ROYAL OAK, MI 48067 CITY-ST-ZIP CITY-ST-ZIP MANAGING MEMBER TITLE TITLE GEORGE UZNIS NAME NAME 24610 MICHIGAN AVENUE STREET ADDRESS STREET ADDRESS DEARBORN, MI 48124 CITY-ST-ZIP CITY-ST-ZiP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is true, and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JOHN C. UZNIS

<del>248-547-32</del>00 Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

STF FL32519F,1

SIGNATURE: