

# 2000 UNIFORM BUSINESS REPORT (UBR)

2015240 AF

**DOCUMENT # L97000000275**

1. Entity Name  
**WALVEKAR FLORIDA PROPERTIES, L.L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB -7 AM 10:32

Principal Place of Business  
 28600 SOUTHFIELD RD  
 SUITE 200  
 LATHRUP VILLAGE MI 48076

Mailing Address  
 28600 SOUTHFIELD RD  
 SUITE 200  
 LATHRUP VILLAGE MI 48076-2702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3442711**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WALVEKAR, VIJAY <u>MGRM</u> <input type="checkbox"/> Delete 28600 SOUTHFIELD RD LATHRUP VILLAGE MI 48076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALVEKAR, SHALINI V. <input type="checkbox"/> Delete <u>MGRM</u> 31210 W-CHELTON DR. BEVERLY HILLS MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALVEKAR, SHEEL V. <u>MGRM</u> <input type="checkbox"/> Delete 31210 W-CHELTON DR. BEVERLY HILLS MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALVEKAR, SUPRINA V. <u>MGRM</u> <input type="checkbox"/> Delete 31210 W-CHELTON DR. BEVERLY HILLS MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003140895--3 -02/21/00--01024--022 ****55.00 <input checked="" type="checkbox"/> <del>55.00</del> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>mf 2/15/00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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.

SIGNATURE: SIGNATURE OF WALVEKAR FLORIDA PROPERTIES, L.L.C.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 01-22-00 Daytime Phone #: 248-569-5410

CR2E083 (9/99)