

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028827  
AF

DOCUMENT # **L98000001337**

1. Entity Name

**JAMES INDUSTRIAL CONSTRUCTORS, L.L.C.**

Principal Place of Business

**26400 SHERWOOD  
WARREN MI 48091**

Mailing Address

**P.O. BOX 77760  
BATON ROUGE LA 70817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-3424694**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$50.00 + \$5.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **MGR FREEDMAN, DEBORAH E** ☒ Delete  
STREET ADDRESS **2828 TAMiami TRAIL, NORTH**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE NAME **MGR Iafrate, Angelo** ☐ Change ☒ Addition  
STREET ADDRESS **26400 SHERWOOD**  
CITY-ST-ZIP **Warren MI 48091**

TITLE NAME **MGR IAFRATE, DOMINIC** ☐ Delete  
STREET ADDRESS **26400 SHERWOOD**  
CITY-ST-ZIP **WARREN MI 48091**

TITLE NAME **8000003782668-4** ☐ Change ☐ Addition  
STREET ADDRESS **-02/27/01--01080--021**  
CITY-ST-ZIP **\*\*\*\*\*55.00 \*\*\*\*\*55.00**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*

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

**Dominic Iafrate**

Date

**1/17/01**

Daytime Phone #

**225-295-4830**

CR2E083 (11/00)

**FILED**

**01 FEB 20 AM 8:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE