

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001235

1. Entity Name

EUSTIA ASSOCIATES, L.L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18700 W. 10 MILE
SOUTHFIELD MI 48075

Mailing Address

18700 W. 10 MILE
SOUTHFIELD MI 48075-2612

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
38-3435941

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EASTMAN, DAVID D
101 SOUTH MONROE STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Michael Varick
Street Address (P.O. Box Number is Not Acceptable)
38141 Maywood Bay Drive
City
Leesburg FL Zip Code
34788

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

Michael Varick

(NOTE: Registered Agent signature required when reinstating)

DATE

X 1-14-00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM BEER, PETER
STREET ADDRESS 18700 W. 10 MILE
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003119535-1
-02/01/00--01134--021
*****50.00 *****50.00

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

1/13/2000

Daytime Phone #

(248)
657-1050