

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001341

1. Entity Name

JOHN DORSEY & ASSOCIATES, L.L.C.

FILED

00 JAN 14 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

18484 DEVONSHIRE ROAD  
BEVERLY HILLS MI 48025

Mailing Address

18484 DEVONSHIRE ROAD  
BEVERLY HILLS MI 48025-4022

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

38-3346129

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PAGES, ERNEST A  
7721 SW 56TH AVE., STE B  
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ERNEST A. PAGES

1/11/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGRM PAGES, ERNEST A  
STREET ADDRESS 7721 SW 56TH AVE., STE B  
CITY- ST- ZIP MIAMI FL 33143 ☐ 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 ☐ Add

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add  
100003112461--2  
-01/27/00--01023--013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

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.

John T. Dorsey

SIGNATURE:

SIGNATURE REQUIRED

1/10/2000

(248) 642-2420

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

Date

Daytime Phone #