

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90006 003 ****50.00

DOCUMENT # M99000000734

1. Entity Name

INTERPLANE USA L.L.C.

Principal Place of Business

**39440 SOUTH AVENUE
 ZEPHYRHILLS FL 33540**

Mailing Address

**30 LEE GATE LANE
 GROSSE POINTE FARMS MI 48236**

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

38-3559681

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

**DAWSON, BENJAMIN II
 39440 SOUTH AVENUE
 ZEPHYRHILLS FL 33540**

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
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **DAWSON, BENJAMIN III**
 STREET ADDRESS **39440 SOUTH AVENUE**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **MANAGING MEMBER** ☒ Change ☐ Addition
 NAME **RALPH J. MANDARINO**
 STREET ADDRESS **30 LEE GATE LANE**
 CITY-ST-ZIP **GROSSE POINTE FARMS, MI 48236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 MANDARINO

4/14/2002

313 882-3400

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

Date

Daytime Phone #

CR2E083 (9/01)