

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001630

1. Entity Name

CASA CORTEZ APARTMENTS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 PM 12:34

Principal Place of Business

555 HORACE BROWN DRIVE  
MADISON HEIGHTS MI 48071

Mailing Address

555 HORACE BROWN DRIVE  
MADISON HEIGHTS MI 48071-1845

2. Principal Place of Business

16835 KERCHEVAL  
Suite, Apt. #, etc.

3. Mailing Address

16835 KERCHEVAL  
Suite, Apt. #, etc.

City & State

GROSSE POINTE MI

City & State

GROSSE POINTE MI

Zip 48230

Country USA

Zip 48230

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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 SOUTH 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

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

3/17/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS CRAWFORD REALTY GROUP, L.L.C.  
CITY - ST - ZIP 555 HORACE BROWN DRIVE  
MADISON HEIGHTS MI 48071 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003164821--4  
CITY - ST - ZIP -03/10/00--01018--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/31/00

Date

313-642-2271

Daytime Phone #

CR2E083 (9/99)