2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N15107 1. Entity Name ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC						FILED Apr 29, 2000 8:00 am Secretary of State 04-29-2000 90022 001 ***272.50			
Principal Place	of Business	Mailing Address							
2601 NW 48TH ST POMPANO BEACH FL 33073 US		6850 NINETEEN MILE RD. STERLING HEIGHTS MI 48314-2113				- 107	-		
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	58-2176194		Applied For Not Applicable	
Zip	Country	Zip	Col	Intry	5. Certificate of	of Status Desired	<b>\$8.75</b> A Fee Requi	dditional	
	6. Name and Address of Current R	legistered Agent		Name ~	7. Name and	Address of New Registe	red Agent		
MANCINI, DAVID A					(P.O. Box Number is Not Acceptable)				
2601 NW 48TH STREET POMPANO BEACH FL 33073				City	FL Zip Code				
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)	٩	ATE		
FILE NOW:9. Election CampaigFEE IS \$61.25Trust Fund Contribution				· · · · ·	.00 May Be ed to Fees		eck Payable free to the sector of State		
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHA	NGES TO OFFICERS AN			
NAME STREET ADDRESS	Jankowski, Paul C Jr. 6850 Nineteen Mile Rd.	Delete		_			Change	Addition Go	
TITLE NAME	<u>sterling heights mi 48314</u> STD Jankowski, lisa 6850 nineteen mile rd.	Delete	TITL	E	<u> </u>	· <u></u>	Change	Addition	
CITY-ST-ZIP TITLE NAME	sterling heights fl ASD Mancini, David A	Delete	<u>TITL</u> NAM	E			Change	Addition	
CITY-ST-ZIP	2601 NW 48TH ST. POMPANO BEACH FL VPD	Delete		ET ADDRESS - STZIP E			Change	Addition	
STREET ADDRESS	MANCINI, DANIEL C 2601 NW 48TH ST. POMPANO BEACH FL			E Et address - St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		- I			Change	Addition	
12. I hereby ce indicated o of the corp changed, c	ortify that the information supplied with the information supplemental leport is to tration or the receiver or trustee empower on an attachment with an address, we supplied with a supplied with a supplied of the supplied with the supplied of the supplied with the supplication the s	rue and accurate and that m vered to execute this report ith all other like empowered.	ny signa as requi	ture shall have the red by Chapter 6	Section 119.07(3)(i e same legal effect 17, Florida Statutes	), Florida Statutes. I furthe as if made under oath; th ; and that my name appe 418-00	at I am an office ars in Block 10	information er or director or Block 11 if 19-53/0	