

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15107

1. Entity Name

ENTERPRISE CENTER BUSINESS PARK ASSOCIATION, INC

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90222 030 ****61.25

Principal Place of Business

Mailing Address

2601 NW 48TH ST
POMPANO BEACH FL 33073
US

6850 NINETEEN MILE RD.
STERLING HEIGHTS MI 48314

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

58-2176194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANCINI, DANIEL C
2601 NW 48TH STREET
POMPANO BEACH FL 33073

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JANKOWSKI, PAUL C JR.
STREET ADDRESS 6850 NINETEEN MILE RD.
CITY-ST-ZIP STERLING HEIGHTS MI 48314 ☐ Delete

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

TITLE STD
NAME JANKOWSKI, LISA
STREET ADDRESS 6850 NINETEEN MILE RD.
CITY-ST-ZIP STERLING HEIGHTS FL ☐ Delete

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

TITLE ASD
NAME MANCINI, DAVID A
STREET ADDRESS 2601 NW 48TH ST.
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

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

TITLE VPD
NAME MANCINI, DANIEL C
STREET ADDRESS 2601 NW 48TH ST.
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)