## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am § Secretary of State DOCUMENT # P00824 1. Entity Name 03-28-2002 90149 017 \*\*\*150 00 THE FARBMAN GROUP, INC. Principal Place of Business Mailing Address 28400 NORTHWESTERN HWY. 28400 NORTHWESTERN HWY. **FOURTH FLOOR** FOURTH FLOOR SOUTHFIELD MI 48034 SOUTHFIELD MI 48034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-2143548 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change NAME FARBMAN, BURTON D. NAME STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR STREET ADDRESS CITY-ST-ZIP SOUTHFIELD MI CITY-ST-7IP PRESIDENT + CEO **K** Change ☐ Delete TITLE Addition DAVID S. FARBMAN NAME FARBMAN, DAVID S NAME 28400 NORTHWESTERN HWY -4THFL SOUTHFIELD MT 48034 STREET ADDRESS STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH-FLOOR CITY-ST-ZIP CITY-ST-ZIP SOUTHFIELD MI 48034 PRESIDENT + DIRECTOR OF Brokerage TITLE ☐ Addition TITLE ŒVP.... ☐ Delete NAME NAME <del>(Farbman, Andrew</del> ANDREW-V FARBMAN-STREET ADDRESS STREET ADDRESS 28400 NORTHWESTERN HWY.; 4TH FLOOR 28400 NORTH WESTERN HWY - 4TH FL. CITY-ST-ZIP CITY-ST-7IF SOUTHFIELD MI-48034 SOUTHFIELD MI 48634 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME KOWALSKI, RONALD R STREET ADDRESS STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP SOUTHFIELD MI 48034 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

3/14/02 248/351-4363 SIGNATURE:

like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with at

FILED