## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am Secretary of State P04777 DOCUMENT # 1. Entity Name 05-28-2002 91502 038 \*\*\*558.75 SANBREEN COMPANY Principal Place of Business Mailing Address 1000 S OLD WOODWARD AVE 1000 S OLD WOODWARD AVE STE, 201 STE 201 BIRMINGHAM MI 48009-796 BIRMINGHAM MI 48009-796 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 38-2174805 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_\_6.\_Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH SAVIN Street Address (P.O. Box Number is Not Acceptable) 3316 GRIFFIN ROAD FORT LAUDERDALE FL 33312 City Zip Code 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition Change NAME RIVKIN. BERNARD NAME STREET ADDRESS 1000 S OLD WOODWARD AVE. STE 201 STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM MI 48009-6796** CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition NAME SAVIN, JOSEPH NAME 1000 S OLD WOODWARD AVE, STE 201 STREET ADDRESS STREET ADDRESS BIRMINGHAM MI 48009-6796 CITY-ST-ZIP Delete المساورات بالرائدية مراه والمستوي والمستوا TITLE TĪTLE Change Change TD NAME NAME MUNCY, WILMA STREET ADDRESS STREET ADDRESS 1000 S OLD WOODWARD AVE, STE 201 **BIRMINGHAM MI 48009-6796** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

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