

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P05889

1. Entity Name
UNIPROP MANAGEMENT, INC.



Principal Place of Business
**280 DAINES ST., STE. 300
BIRMINGHAM, MI 48009-6250**

Mailing Address
**280 DAINES ST., STE. 300
BIRMINGHAM, MI 48009-6250**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-1941955

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RINES, MILTON
15235 TAMiami TRAIL
FT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000255574
03/08/05-80017-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ZLOTOFF, PAUL M.
STREET ADDRESS	280 DAINES ST., #300
CITY-STATE-ZIP	BIRMINGHAM, MI
TITLE	P
NAME	SOBERMAN, CHARLES
STREET ADDRESS	280 DAINES ST., #300
CITY-STATE-ZIP	BIRMINGHAM, MI 48009
TITLE	VP
NAME	ZLOTOFF, ROGER
STREET ADDRESS	280 DAINES ST #300
CITY-STATE-ZIP	BIRMINGHAM, MI
TITLE	AS
NAME	ZUSSMAN, RICHARD
STREET ADDRESS	280 DAINES ST #300
CITY-STATE-ZIP	BIRMINGHAM, MI 48009
TITLE	EVP
NAME	MARTZ, PETER J
STREET ADDRESS	280 DAINES ST - SUITE 300
CITY-STATE-ZIP	BIRMINGHAM, MI 48009
TITLE	VPTS
NAME	SCWARTZ, JOEL
STREET ADDRESS	280 DAINES ST #300
CITY-STATE-ZIP	BIRMINGHAM, MI

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

Joel Schwartz (248) 645-9220

3/3/05