2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # P18862 1. Entity Name 05-28-2002 91509 005 ***150.00 BEZTAK CONSTRUCTION COMPANY Principal Place of Business Mailing Address 31731 NORTHWESTERN HIGHWAY 31731 NORTHWESTERN HIGHWAY 250W 250W FARMINGTON HILLS MI 48334-1654 FARMINGTON HILLS MI 48334-1654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 38-1976710 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **LUPTAK, PAOLA M** Street Address (P.O. Box Number is Not Acceptable) 4700 NW BOCA RATON BLVD 4TH FLOOR Zip Code City **BOCA RATON FL 33431** 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE PTD NAME BEZNOS, MAURICE STREET ADDRESS STREET ADDRESS 31731 NW HWY, STE 250W CITY-ST-ZIP CITY-ST-ZIP **FARMINGTON HILLS MI** Change ☐ Addition □ Delete TITLE TITLE NAME NAME BEZNOS, NORMAN STREET ADDRESS STREET ADDRESS 31731 NW HWY, 250W CITY-ST-ZIP CITY-ST-7IP **FARMINGTON HILLS MI** Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME BEZNOS, NORMAN STREET ADDRESS STREET ADDRESS 31731 NW HWY, 250 W CITY-ST-ZIP CITY-ST-ZIP **FARMINGTON HILLS FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

S-MEQU SIGNA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF