

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19974

1. Entity Name

ONIKA CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90003 045 ***150.00

Principal Place of Business

Mailing Address

C/O GEORGE A. STRAITOR
 1201 PARKLANE TOWERS W.
 DEARBORN MI 48126

C/O GEORGE A. STRAITOR
 1201 PARKLANE TOWERS W.
 DEARBORN MI 48126

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

38-2807402

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

TODD, RICHARD
 1601 S.E. 16TH STREET
 FORT LAUDERDALE FL 33316

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ALANDT, PAUL
 STREET ADDRESS 635 LAKESHORE DRIVE
 CITY-ST-ZIP GROSSE PT SHORES MI

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

TITLE ST ☐ Delete
 NAME ALANDT, LYNN F.
 STREET ADDRESS 635 LAKESHORE DRIVE
 CITY-ST-ZIP GROSSE PT SHORES MI

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

TITLE D ☐ Delete
 NAME ALANDT, LYNN F.
 STREET ADDRESS 635 LAKESHORE DRIVE
 CITY-ST-ZIP GROSSE PT SHORES MI

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

TITLE ASD ☐ Delete
 NAME HEMPSTEAD, DAVID M.
 STREET ADDRESS RENAISSANCE CENTER, FL34
 CITY-ST-ZIP DETROIT MI

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

TITLE V ☐ Delete
 NAME TODD, RICHARD
 STREET ADDRESS 1601 SE 16 STREET
 CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE AT ☐ Delete
 NAME CUNDIFF, RICHARD
 STREET ADDRESS 1201 PARK LANE TOWER W.
 CITY-ST-ZIP DEARBORN MI

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)