

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90065 018 ***550.00

0157812 FP

DOCUMENT # P19974

1. Entity Name
ONIKA CORPORATION



Principal Place of Business
**C/O GEORGE A. STRAITOR
1201 PARKLANE TOWERS W.
DEARBORN MI 48126**

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



2. Principal Place of Business

THE BOATHOUSE OF FORT LAUDERDALE - SAME -

3. Mailing Address

Suite, Apt. #, etc. - SAME -

Suite, Apt. #, etc.

1601 SE 16TH STREET

Suite, Apt. #, etc.

- SAME -

City & State

FT. LAUD. FLORIDA

City & State

- SAME -

Zip

33316

Country

USA

Zip

- SAME -

Country

SAME

4. FEI Number **38-2807402**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALANDT, PAUL	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY-ST-ZIP	GROSSE PT SHORES MI	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALANDT, LYNN F.	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY-ST-ZIP	GROSSE PT SHORES MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALANDT, LYNN F.	
STREET ADDRESS	635 LAKESHORE DRIVE	
CITY-ST-ZIP	GROSSE PT SHORES MI	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HEMPSTEAD, DAVID M.	
STREET ADDRESS	RENAISSANCE CENTER, FL34	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	TODD, RICHARD	
STREET ADDRESS	1601 SE 16 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CUNDIFF, RICHARD	
STREET ADDRESS	1201 PARK LANE TOWER W.	
CITY-ST-ZIP	DEARBORN MI	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD W. TODD** **9/2/2003** **954-763-4567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)