

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23702

1. Entity Name

SAND LAKE CENTRE CORP.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90019 034 \*\*\*150.00

Principal Place of Business  
C/O RONALD ZAJAC, PC  
243 W. CONGRESS, SUITE 480  
DETROIT MI 48226  
US

Mailing Address  
C/O RONALD ZAJAC, PC  
243 W. CONGRESS, SUITE 480  
DETROIT MI 48226-3255  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **38-2860193**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	ABDELNOUR, SAMUEL	908 CITY COUNTY BLDG	DETROIT MI	<input checked="" type="checkbox"/>
VPD	ROYAL, DERRICK	908 CITY-COUNTY BLDG.	DETROIT MI	<input type="checkbox"/>
SD	SEXTON, NILES	908 CITY COUNTY BUILDING	DETROIT MI 48226	<input type="checkbox"/>
TD	CLARK, JOHN	908 CITY-COUNTY BLDG.	DETROIT MI	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	William Fairweather	908 Coleman A. Young Municipal Center	Detroit, MI 48226	<input checked="" type="checkbox"/>
		908 Coleman A. Young Municipal Center		<input checked="" type="checkbox"/>
		908 Coleman A. Young Municipal Center		<input checked="" type="checkbox"/>
		908 Coleman A. Young Municipal Center		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: William Fairweather **William Fairweather** 2-24-00 313-961-6342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)