

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017527

1. Entity Name

FRIES MANAGEMENT, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90091 014 ***150.00

Principal Place of Business

~~12356 N. MESQUITE CREST WAY~~
~~ORO VALLEY AZ 85737~~

Mailing Address

C/O WILLIAM PLATZER
300 S. PINE ISLAND RD. #110
PLANTATION FL 33324-2619

C0041837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7000 PORTPOOL STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST BLOOMFIELD, MI

City & State

4. FEI Number

65-0571325

Applied For

Not Applicable

Zip

Country

48324

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATZER, WILLIAM
300 SOUTH PINE ISLAND ROAD
STE. 110
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 PST
NAME HOLSTEIN, NICOLE A
STREET ADDRESS ~~12356 N. MESQUITE CREST WAY~~
CITY-ST-ZIP ~~ORO VALLEY AZ 85737~~

☐ Delete

TITLE VP
NAME FARRELL, MARY A
STREET ADDRESS 375 HEATHERLY HEIGHTS RD.
CITY-ST-ZIP SALUDA NC 28773

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7000 PORTPOOL STREET
CITY-ST-ZIP WEST BLOOMFIELD, MI 48324

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 x

Nicole A. Holstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 3/14/00 248-363-9694

CR2E034 (9/99)