

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041069

1. Entity Name

Expo Center of the Americas, Inc.

Principal Place of Business
1700 Stutz Drive, Suite 25
Miami, Florida 33131-2130Mailing Address
1700 Stutz Drive, Suite 25
Miami, Florida 33131-21302. Principal Place of Business
1700 Stutz Drive
Suite, Apt. #, etc.
Suite 253. Mailing Address
1700 Stutz Drive
Suite, Apt. #, etc.
Suite 25City & State
Troy, MichiganCity & State
Troy, Michigan4. FEI Number
38-3461387

Applied For

Not Applicable

Zip
48084Country
USAZip
48084Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Howard J. Vogel~~~~Berman Wolfe Rennert Vogel & Mandler, P.A.~~~~400 SE 2nd Street, Suite 3500~~~~Miami, Florida 33131~~

7. Name and address of New Registered Agent

Name
Registered Agents of Florida, LLCStreet Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street, Suite 3500City
Miami FL Zip
33131

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

Howard J. Vogel, Vice President

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET
ADDRESS
CITY-ST-ZIP
D ☐ Delete
Marvin I. Danto
1700 Stutz Drive, Suite 25
Troy, MI 48084TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
D ☐ Delete
James H. Danto
1700 Stutz Drive, Suite 25
Troy, MI 48084TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET
ADDRESS
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

James H. Danto, Director

4/26/01 248-649-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #