

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 035 ***150.00

DOCUMENT #P98000041069

1. Entity Name

Expo Center of the Americas, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 Stutz Drive

3. Mailing Address

1700 Stutz Drive

Suite, Apt. #, etc.

Suite 25

Suite, Apt. #, etc.

Suite 25

City & State

Troy, Michigan

City & State

Troy, Michigan

Zip

48084

Country

US

Zip

48084

Country

US

4. FEI Number

38-3461387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 Southeast Second Street

Suite 3500

City

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

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)

January 1 - May 1, 2003 \$150.00
After MAY 1, 2003 Fee is \$350.00
Amended UBR is \$61.25
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
NAME
STREET
ADDRESS
CITY-ST-ZIP

D

Marvin I. Danto
1700 Stutz Drive, Suite 25
Troy, MI 48084

☐ Delete

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP

D

James H. Danto
1700 Stutz Drive, Suite 25
Troy, MI 48084

☐ Delete

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**DO NOT WRITE
IN THIS SPACE**

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

James H. Danto

Date

2/10/03

(248) 649-4770

Daytime Phone #