

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082300

1. Entity Name

ARCHIVE AMERICA OF DETROIT, INC.

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90126 001 \*\*\*450.00

24394



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9350 S. DIXIE HIGHWAY SUITE 900 MIAMI FL 33155	Mailing Address 9350 S. DIXIE HIGHWAY SUITE 900 MIAMI FL 33155
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2. Principal Place of Business 3455 NW 54 Street Suite, Apt. #, etc.	3. Mailing Address 3455 NW 54 Street Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0959065	Applied For Not Applicable
Zip 33142	Country	Zip 33142	Country

6. Name and Address of Current Registered Agent BLANK, ANDREW 9350 S. DIXIE HIGHWAY SUITE 900 MIAMI FL 33155	7. Name and Address of New Registered Agent Name Blank, ANDREW Street Address (P.O. Box Number is Not Acceptable) 3455 NW 54 Street City MIAMI FL Zip Code 33142
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANK, ANDREW 9350 S. DIXIE HIGHWAY SUITE 900 MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)