

FILED 05/14/2002 90510 001 ***450.00
S78429

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

02 MAY 29 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78429

1. Entity Name

Tri W Properties, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16835 Kercheval

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Grosse Pointe, MI

City & State

4. FEI Number

59-3083991

Applied For

Not Applicable

Zip

48230

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Charles R. Gardner

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

1300 Thomaswood Drive

City

Tallahassee

FL

Zip Code
32308

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 address if applicable.

(NOTE: Registered Agent signature required when returning)

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 Fee is \$150.00

After May 1, Fee is \$550.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Director & Chairman of the Board Richard S. Crawford 16835 Kercheval Grosse Pointe, MI 48230			
Director, President & Treasurer Jared Schenk 16835 Kercheval Grosse Pointe, MI 48230			
Director, Vice-President & Secretary Ira J. Jaffe 16835 Kercheval Grosse Pointe, MI 48230			

**DO NOT WRITE
IN THIS SPACE**

4/29

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ira J. Jaffe Ira J. Jaffe, Secretary

4/27/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)