

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90641 034 ***150.00

DOCUMENT # F99000002630

1. Entity Name

NAPLES MALL, INC.



Principal Place of Business

Mailing Address

**100 GALLERIA OFFICENTRE, SUITE 219
 SOUTHFIELD MI 48034**

**100 GALLERIA OFFICENTRE, SUITE 219
 SOUTHFIELD MI 48034**

2. Principal Place of Business

3. Mailing Address

38500 Woodward Ave.

38500 Woodward Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 310

Suite 310

City & State

City & State

Bloomfield Hills, MI

Bloomfield Hills, MI

Zip

Country

Zip

Country

48304

48304

4. FEI Number

38-3047757

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

**ARONOFF, JANET
 626 GULFSHORE BLVD SOUTH
 NAPLES FL 34102**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input type="checkbox"/> Delete
NAME	ARONOFF, DANIEL J	
STREET ADDRESS	679 HANNA	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARONOFF, ARNOLD Y	
STREET ADDRESS	1533 NORTH WOODWARD AVE., SUITE 340	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnoff Daniel J.	
STREET ADDRESS	205 Abbey	
CITY-ST-ZIP	Birmingham, MI 48009	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnoff Daniel J.	
STREET ADDRESS	205 Abbey	
CITY-ST-ZIP	Birmingham, MI 48009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Daniel J. Aronoff 4/25/01 248-42-090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/0/00)