

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90019 001 \*\*\*300.00

**DOCUMENT # P18229**

1. Entity Name  
**GABRIEL, ROEDER, SMITH & COMPANY**

Principal Place of Business      Mailing Address  
**1000 TOWN CENTER**      **1000 TOWN CENTER**  
**SUITE 1000**      **SUITE 1000**  
**SOUTHFIELD MI 48075**      **SOUTHFIELD MI 48075**  
**US**      **US**

01099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **38-1691268**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LING, GEORGE S.**  
**301 EAST LAS OLAS BLVD**  
**STE. 200**  
**FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JONES, NORMAN L.</b> <b>1000 TOWN CENTER, STE 1000</b> <b>SOUTHFIELD MI 48675</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODWON, SANDRA W</b> <b>1000 TOWN CENTER SUITE 1000</b> <b>SOUTHFIELD MI 48075</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, SHIRLEY B.</b> <b>1000 TOWN CENTER SUITE 1000</b> <b>SOUTHFIELD MI 48075</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BRAIN, MURPHY B.</b> <b>1000 TOWN CENTER SUITE 1000</b> <b>SOUTHFIELD MI 48075</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LING, GEORGE S</b> <b>301 E. LAS OLAS BLVD STE 201</b> <b>FT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRACCIALARGHE, THEORA P</b> <b>301 E. LAS OLAS BLVD STE 201</b> <b>FT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>M. da Drazilov</b> <b>1000 Town Center, Suite 1000</b> <b>Southfield, MI 48075</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Kenneth Davis*      **Kenneth Davis CFO**      **1/8/2001**      **248-799-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)