

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90267 001 ***450.00

DOCUMENT # P31971

1. Entity Name
FARBMAN GROUP OF FLORIDA, INC.

Principal Place of Business 28400 NORTHWESTERN HWY. 4TH FLOOR SOUTHFIELD MI 48034 US	Mailing Address 28400 NORTHWESTERN HWY. 4TH FLOOR SOUTHFIELD MI 48034 US
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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 **38-2944440** 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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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 VC	<input checked="" type="checkbox"/> Delete
NAME EISENBERG, WILLIAM	
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR- SOUTHFIELD MI	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME STROUD, DOUGLAS R.	
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR SOUTHFIELD MI	
TITLE CSD	<input type="checkbox"/> Delete
NAME FARBMAN, BURTON D.	
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR SOUTHFIELD MI	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME WILLIAMS, HEDLEY J.	
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR SOUTHFIELD MI	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID S. FARBMAN	
STREET ADDRESS 28400 NORTHWESTERN HWY - 4TH FL. SOUTHFIELD MI 48034	
TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RWALD R. KONOLSKI	
STREET ADDRESS 28400 NORTHWESTERN HWY - 4TH FL. SOUTHFIELD MI 48034	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREW V. FARBMAN	
STREET ADDRESS 28400 NORTHWESTERN HWY - 4TH FL. SOUTHFIELD MI 48034	
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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/01** Daytime Phone #: **248/351-4363**

CR2E034 (10/00)