

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768997

1. Entity Name

BUTTERFLY COOP CORP., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90016 012 ****61.25

Principal Place of Business

30695 SW 162 AVE
HOMESTEAD FL 33030

Mailing Address

30695 SW 162 AVE
HOMESTEAD FL 33033-4122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2456082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUTHIER, SUSY
28300 SW 163 AVE
HOMESTEAD FL 33033

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

Susy Gauthier
Signature, typed or printed name of registered agent and title if applicable.

SUSY GAUTHIER

(NOTE: Registered Agent signature required when reinstating)

Feb. 25 - 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MUAO, ZINIDA
18850 SW 304 ST
HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MUAO, ZINIDA
18850 SW 304 Street
Homestead FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KAGELA, KELLEY
100 NE 6 AVE #220
HOMESTEAD FL 33030 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANNE BALLARD
17390 SW 298th St.
Homestead, FL 33030 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JARRIN, ZUZANN
8460 SW 184 AVE CIR CT #124
FLORIDA CITY FL 33193 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RUTH MARTINEZ
30232 SW 157th Pl.
Homestead FL 33033 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
AUSTER, DONNA
22401 SW 184 AVE
MIAMI FL 33170 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zinida Muao* ZINIDA MUAO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

305-248-5296

Daytime Phone #

CR2E037 (9/99)