

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 768997

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: BUTTERFLY COOP CORP., INC.

Current Principal Place of Business:

30695 SW 162 AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

30695 SW 162 AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-2456082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUTHIER, SUSY
28300 SW 163 AVE
HOMESTEAD, FL 33033

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENSON, JESSICA
Address: 17301 SW 302 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: VD () Delete
Name: BALLARD, ANNE
Address: 17395 SW 298TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: SD () Delete
Name: KEMP, LISA
Address: 28104 SW 158TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: GAUTHIER, SUSY
Address: 28300 SW 163 AVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FOSTER, MAGGIE
Address: 878 NW 9TH COURT
City-St-Zip: HOMESTEAD, FL 33030

Title: SD (X) Change () Addition
Name: REYNOLDS, MARGARET
Address: 19205 SW 256 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSY GAUTHIER

TD

04/28/2002

Electronic Signature of Signing Officer or Director

Date