

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H16269**

1. Entity Name

**FORT LAUDERDALE BUSINESS PLAZA DEVELOPMENT, INC.****FILED****Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90109 035 \*\*\*150.00

Principal Place of Business

Mailing Address

**2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309  
US****2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309-1835  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2534853**

Applied For

Not Applicable

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****BUTTERS, SAM  
2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE FL 33309**

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, 2000 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 ☐ Delete  
NAME **PTD**  
STREET ADDRESS **BUTTERS, SAM**  
CITY-ST-ZIP **2005 W. CYPRESS CREEK RD., SUITE 202**  
**FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **BUTTERS, NATHAN**  
CITY-ST-ZIP **2005 W. CYPRESS CREEK RD., SUITE 202**  
**FT. LAUDERDALE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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

1-13-2000

Date

(954) 771-5056

Daytime Phone #

CR2E034 (9/99)