,2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2001 8:00 am Secretary of State 01-13-2001 90051 003 ***150.00 **DOCUMENT # H16269** FORT LAUDERDALE BUSINESS PLAZA DEVELOPMENT, INC. Principal Place of Business Mailing Address 2005 W. CYPRESS CREEK RD. 2005 W. CYPRESS CREEK RD. SUITE 202 SUITE 202 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 59-2534853 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUTTERS, SAM** Street Address (P.O. Box Number is Not Acceptable) 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE FL 33309 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) PTD ☐ Change ☐ Addition Delete TITLE BUTTERS, SAM NAME 2005 W. CYPRESS CREEK RD., SUITE 202 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE **BUTTERS, NATHAN** NAME 2005 W. CYPRESS CREEK RD., SUITE 202 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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Daytime Phone #

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.

Jan. 8, 2001 (954) 771–5056

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: