

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # H16269

1. Entity Name
FORT LAUDERDALE BUSINESS PLAZA DEVELOPMENT,
INC.



Principal Place of Business
2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Mailing Address
2005 W. CYPRESS CREEK RD.
SUITE 202
FT. LAUDERDALE, FL 33309 US



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000125808
04/22/04-80090-024 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | PTD |
| NAME | BUTTERS, SAM |
| STREET ADDRESS | 2005 W. CYPRESS CREEK RD., SUITE 202 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL |
| TITLE | VSD |
| NAME | BUTTERS, NATHAN |
| STREET ADDRESS | 2005 W. CYPRESS CREEK RD., SUITE 202 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #

954-771-5056