2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H16269 **DOCUMENT #**

FORT LAUD	ERDALE BUSINESS	PLAZA DEVELOPMENT, INC.		
Principal Place o 2005 W. CYPRES: SUITE 202 FT. LAUDERDALE US	S CREEK RD. FL 33309	Mailing Address 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE FL 33309 US		
2. Principal Plac Suite, Apt. #,		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State	4.	
Zip	Country	Zip Country	5.	

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90515 048 ***150.00

Principal Place of Business 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE FL 33309 US		2005 Suite Ft. L US	Mailing Address 2005 W. CYPRESS CREEK RD. SUITE 202 FT. LAUDERDALE FL 33309 US										
2. Principal Place of Business		3. Ma	3. Mailing Address				[] [0401)	IANIO UIRAN INAF	Eleit Efel	i eiail aibil o	IDIT DIGIL IOGS	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-2534853				plied For t Applicable	
Zip	·	Country		Zip Country			-~- !	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Register	ed Agent		Name		7. Name a	and Address of	New Regist	ered Ag	gent	
BUTTERS,	SAM					140:110				, ,	_		
	CYPRESS C	REEK RD		Street Address			dress (P.C	(P.O. Box Number is Not Acceptable)					
SUITE 202		TILLIN TID.						-	-				
FT. LAUDERDALE FL 33309					City			···	<u></u>	FL	Zip Cod	e	
	named entity ions of regist	y submits this statement for ered agent.	r the purp	oose of changing its	registere	ed office or r	egistered	agent, or	both, in the State	e of Florida.	I am fai	miliar with,	and accept
SIGNATURE .	Signature broad	or printed name of registered agent	and title if any	oliceble (NOTE	- Pagistara	Agent signature	required wh	en reinetation)	<u></u>		DATE		
			and title in opp	1		Trigoni signatore	a raquiros with	CIT TOWNSTALLING?					
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State						Election Campa Trust Fund Cont		ig 🗆		0 May Be to Fees
10.	CT Gyddie te	OFFICERS AND		NRS	11.			ADDITION	NS/CHANGES T	O OFFICERS	S AND F	DIBECTORS	3 IN 11
TITLE,	PTD	OTTOLING AND	DITILOTO	Delete	TITLE			ADDITION	·	OOITIOEIK		Change	Addition
NAME	BUTTERS,	SAM			NAME								_
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 2005 W. CYPRESS CREEK RD., SUITE 202			02		ET ADDRESS ST-ZIP							
TITLE	VSD			☐ Delete	TITLE					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
NAME	BUTTERS,				NAME								
STREET ADDRESS 2005 W. CYPRESS CREEK RD., SUI FT. LAUDERDALE FL			SUITE 20	02		ET ADDRESS ST-ZIP							
TITLE	FI. DAUDE	INDALE FL		☐ Delete	TITLE							- Change	Addition
NAME				□ Delete	NAME						L	Change	☐ Addition
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP		_					
TITLE				Delete	TITLE						[Change	Addition
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STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP					CHY-	ST-ZIP							

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

1-15-2003

(954) 771-5056

Daytime Phone #

Date