

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96295

1. Entity Name

BTP INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90035 001 ***900.00

Principal Place of Business

Mailing Address

4100 NE SECOND AVE
SUITE 206
MIAMI FL 33137
US

4100 NE SECOND AVE
SUITE 206
MIAMI FL 33137-3538
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0129497

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, JR., LAWRENCE O
4100 NW SECOND AVE
SUITE 206
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

4100 NE SECOND AVE

City

Miami

FL

Zip Code

33137

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)

1/4/00

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
STREET ADDRESS
CITY - ST - ZIP
STD
BACKUS, ROBERTA
404 WASHINGTON AVE #600
MIAMI BEACH FL

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4100 NE SECOND AVE #206
Miami, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TURNER, LAWRENCE O., JR.
404 WASHINGTON AVE #600
MIAMI BEACH FL

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4100 NE SECOND AVE #206
Miami, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
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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

LAWRENCE O. TURNER JR

Date

1/4/00 305-570-9886

Daytime Phone #

CR2E034 (9/99)