

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90088 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004415

1. Entity Name

JOHN T. BUTLER, P.A.

DO NOT WRITE IN THIS SPACE

90743

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

41st Floor

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0980555

Applied For

Not Applicable

Zip

33131-2398

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John T. Butler

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

200 S. Biscayne Blvd., 41st Floor

City Miami,

FL

Zip Code
33131-2398

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	Butler, John T.	200 S. Biscayne Blvd. 41st Floor	Miami, FL 33131-2398

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2002

Date

305-577-2939

Daytime Phone #

CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004415

1. Entity Name

JOHN T. BUTLER, P.A.

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2. Principal Place of Business
200 S. Biscayne Blvd.3. Mailing Address
SameSuite, Apt. #, etc.
41st Floor

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number
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Not Applicable

Zip -
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5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JOHN T. BUTLER

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

200 S. Biscayne Blvd., 41st Flr.

City

Miami,

FL

Zip Code

33131-2398

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐January 1 - May 1. Fee Is \$150.00
After May 1. Fee Is \$550.00
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Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Butler, John T.
STREET ADDRESS	200 S. Biscayne Blvd. 41st Flr.
CITY-ST-ZIP	Miami, FL 33131-2398

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(6), 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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002

Date

305.577-2939

Daytime Phone #

CR2E034B (12/01)