

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092017

1. Entity Name  
BTM ARCHITECTS, INC.

Principal Place of Business  
2300 E LAS OLAS BLVD SUITE 3E  
FORT LAUDERDALE FL 33301

Mailing Address  
2300 E LAS OLAS BLVD SUITE 3E  
FORT LAUDERDALE FL 33301

2. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip  
Country  
Zip  
Country

FILED

02 NOV -4 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>651148943</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDISON, GEORGE S  
2929 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
After September 13, 2002 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUGAY, STEVEN J 2300 E LAS OLAS BLVD SUITE 3E FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200008784942 11/04/02--01074--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TILLBERG, BJORN TOMAS 2300 E LAS OLAS BLVD SUITE 3E FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOINO, MARCELO A 2300 E. las olas blvd. F. Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOINO, MARCELO A 2300 E LAS OLAS BLVD SUITE 3E FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOSHIER, ANITA 2300 E. las olas blvd. F. Lauderdale FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Steven Bugay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 954.767.2122

Date

Daytime Phone #

CF2E034 (4/02)

01/18/00  
AV

**THE LIPSON PROFESSIONAL GROUP, INC.**  
**D/B/A SAUL B. LIPSON & CO.**

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**Saul B. Lipson, M.Acc., EA, CFP**

- TAX PLANNING AND PREPARATION
- COMPLETE ACCOUNTING SERVICES
- INVESTMENT AND RETIREMENT PLANNING

**1515 UNIVERSITY DRIVE • SUITE 222**

**CORAL SPRINGS, FLORIDA 33071**

**TELEPHONE: 954.755.4405**

**FAX: 954.344.3694**

October 23, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: BTM Architects, Inc.  
2300E Las Olas Blvd Suite 3E  
Fort Lauderdale, Florida 33301  
2002 UBR Report EIN 65-1148943

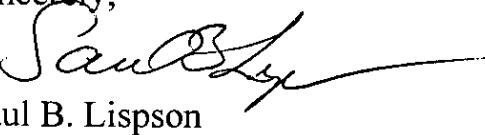
To Whom It May Concern,

Please find enclosed a check for \$150.00 check number 1212 to reinstate the 2002 UBR Report. The report is being filed late due to the bookkeeper misplacing the form. She is no longer working for the above corporation.

Please abate all penalties and Interest due to this error.

Thank you for your prompt attention to this matter.

Sincerely,

  
Saul B. Lipson