

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 004 ***150.00

DOCUMENT # P95000003352

1. Entity Name

LAW OFFICES OF BARRY BUTIN, P.A.



Principal Place of Business

101 SE 10TH STREET
FORT LAUDERDALE FL 33316
US

Mailing Address

101 SE 10TH STREET
FORT LAUDERDALE FL 33316
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0550664

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTIN, BARRY
~~100 S.E. 12TH ST~~
FT. LAUDERDALE FL 33316

Name

Same

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

101 S.E. 10th St

Fort Lauderdale, FL

FL

Zip Code
33316

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

Barry Butin

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

(NOTE: Registered Agent signature required when re-appointing)

3/21/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contributions. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BUTIN, BARRY
STREET ADDRESS 101 SE 10TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Page Number

954-463-7669