

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091631

1. Entity Name

BUTTONWOOD APARTMENT CORPORATION

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90057 032 ***150.00

Principal Place of Business	Mailing Address
951 NE 167TH STREET STE 204 NO. MIAMI BEACH FL 33162	951 NE 167TH STREET STE 204 NO. MIAMI BEACH FL 33162

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

City & State	City & State
Zip	Country

4. FEI Number	65-0631031	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BEN-EZRA, MARC 951 NE 167TH STREET STE 204 NO. MIAMI BEACH FL 33162

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.

SIGNATURE _____ (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 \$150.00
After MAY 1, 2001 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	
TITLE	PD
NAME	BEN-EZRA, ISAAC
STREET ADDRESS	1117A NE 163RD STREET
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162
<input type="checkbox"/> Delete	
TITLE	VD
NAME	BEN-EZRA, MARC
STREET ADDRESS	951 NE 167TH STREET Suite 204
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162
<input type="checkbox"/> Delete	
TITLE	SD
NAME	BEN-EZRA, MARC
STREET ADDRESS	951 NE 167TH STREET
CITY-ST-ZIP	N. MIAMI BEACH FL
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	951 NE 167 ST. #204
CITY-ST-ZIP	N. Miami Beach, FL 33162
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01

305-770-4100

CR2E034 (10/00)