

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0507122

05-17-2001 91070 034 \*\*\*150.00

**DOCUMENT # P96000055255**

1. Entity Name

**BUTTROSE INC.**

Principal Place of Business

Mailing Address

1515 SE 17TH STREET, SUITE #129  
 FORT LAUDERDALE FL 33316

P O BOX 460821  
 FT LAUDERDALE FL 33346

2. Principal Place of Business

3. Mailing Address

**1535 SE 17th St.,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 107**

City & State

City & State

**FT. LAUDERDALE**

Zip

Country

Zip

Country

**33316**

**USA**

4. FEI Number

**65-0660978**

Applied For

Not Applicable

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

**BUTTROSE, PAUL D  
 183 S.E. WELLS DRIVE  
 STUART FL 34996**

Name

**PAUL BUTTROSE**

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

**1217 S.E. TERRACE**

City

**FT. LAUDERDALE**

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.

SIGNATURE

*[Signature]*  
 Signature of registered agent and title if applicable.

**PAUL BUTTROSE**

**4/20/01**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete  
 NAME **BUTTROSE, PAUL**  
 STREET ADDRESS **183 S.E. WELLS DRIVE**  
 CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

**PAUL BUTTROSE**

Date

Daytime Phone #

**4/20/01**

**954-294-6962**

CR2E034 (10/00)