2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT_# P98000013676 BUTTER PROPERTY INVESTORS, INC. 04-27-2001 90323 013 ***150.00 Principal Place of Business Mailing Address 1400 S. OCEAN DRIVE 1400 S. OCEAN DRIVE PH-1707 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0815013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ---BUTTER, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 1400 S. OCEAN DR. PH-1707 HOLLYWOOD FL 33019 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** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Change Addition NAME BUTTER, RICHARD S SR. NAME STREET ADDRESS 148 ELM STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ELIZABETH NJ 07208 TITLE ☐ Delete TITI F Change ☐ Addition NAME BUTTER, RICHARD S JR. NAME STREET ADDRESS 892 HOBSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UNION NJ 07083** ☐ Delete TITI F ☐ Change ☐ Addition NAME BUTTER, MATHEW W -NAME STREET ADDRESS 1400 S. OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME **BUTTER, BRIAN** NAME STREET ADDRESS STREET ADDRESS 1069 APPLEGATE AVE. CITY-ST-7IP CITY-ST-ZIP ELIZABETH NJ 07202 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplymental 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 received 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 ap address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR