

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90090 027 \*\*\*150.00

0311528

**DOCUMENT # P99000024201**

1. Entity Name  
**I-595 BUSINESS PLAZA, INC.**

Principal Place of Business  
**1096 EAST NEWPORT CENTER DRIVE  
 SUITE 100  
 DEERFIELD FL 33442**

Mailing Address  
**1096 EAST NEWPORT CENTER DRIVE  
 SUITE 100  
 DEERFIELD FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0903767**

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

**BUTTERS, MALCOLM  
 1096 EAST NEWPORT CENTER DRIVE  
 SUITE 100  
 DEERFIELD BEACH FL 33442**

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

Signature, typed or printed name of registered agent (multiple if applicable)

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

DATE

*Malcolm Butters* 4/25/01

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 :

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTTERS, MALCOLM</b>
STREET ADDRESS	<b>1096 EAST NEWPORT CENTER DRIVE SUITE 100</b>
CITY - ST - ZIP	<b>DEERFIELD FL 33442</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BUTTERS, MARK</b>
STREET ADDRESS	<b>1096 EAST NEWPORT CENTER DRIVE SUITE 100</b>
CITY - ST - ZIP	<b>DEERFIELD FL 33442</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Mark Butters* 4/25/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)