

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90280 014 ***150.00

DOCUMENT # P99000067136

1. Entity Name
BUTLER BUSINESS SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1825 SW 12TH AVE.
MIAMI FL 33129**

Mailing Address
**EPS #X-15978
MIAMI FL 33102**

2. Principal Place of Business 1351 N.E. MIAMI GARDENS DR. Suite, Apt. #, etc. APT. 1125-E City & State NORTH MIAMI BEACH, FL Zip 33179 Country USA		3. Mailing Address EPS #X-15978 Suite, Apt. #, etc. PO Box 02-5261 City & State MIAMI, FL Zip 33102-5261 Country USA	
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4. FEI Number 65-0938835	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BUTLER, ROSA M
1825 SW 12TH AVE.
MIAMI FL 33129**

7. Name and Address of New Registered Agent
Name
BUTLER, ROSA M.
Street Address (P.O. Box Number is Not Acceptable)
1351 N.E. MIAMI GARDENS DRIVE
APT. 1125-E
City
NORTH MIAMI BEACH FL Zip Code
33179

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 *Rosa Maria Butler, President.* DATE *26/FEB/2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, ROSA M 1825 SW 12TH AVE. MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTLER, ROSA M. 1351 N.E. MIAMI GARDENS DR., APT 1125-E NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BUTLER, HENRY M 1825 SW 12TH AVE. MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BUTLER, HENRY M. 1351 N.E. MIAMI GARDENS DR., APT. 1125-E NORTH MIAMI BEACH, FL. 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Rosa Maria Butler* DATE *26/FEB/2001* (305) 949-7308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosa M. Butler, President

CR2E034 (10/00)