

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90244 029 \*\*\*150.00

DOCUMENT # P99000107765

1. Entity Name  
**COLONNADE PLAZA, INC.**

110040014



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1166 WEST NEWPORT CENTER DRIVE          SUITE 118          DEERFIELD FL 33442</b>	Mailing Address <b>1166 WEST NEWPORT CENTER DRIVE          SUITE 118          DEERFIELD FL 33442</b>
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2. Principal Place of Business <b>1096 E. NEWPORT CENTER DRIVE          SUITE 100          DEERFIELD BEACH, FL          33442 USA</b>	3. Mailing Address <b>1096 E. NEWPORT CENTER DRIVE          SUITE 100          DEERFIELD BEACH, FL          33442 USA</b>
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4. FEI Number <b>65-0980950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BUTTERS, MALCOLM  
 1166 WEST NEWPORT CENTER DRIVE  
 SUITE 118  
 DEERFIELD FL 33442**

7. Name and Address of New Registered Agent  
 Name: **BUTTERS, MALCOLM**  
 Street Address (P.O. Box Number is Not Acceptable): **1096 E. NEWPORT CENTER DRIVE  
 SUITE 100**  
 City: **DEERFIELD BEACH FL** Zip Code: **33442**

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: DATE: **4/11/00**  
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 requirements and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTTERS, MALCOLM</b> <b>1166 WEST NEWPORT CENTER DRIVE SUITE #118</b> <b>DEERFIELD FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTTERS, MARK</b> <b>1166 WEST NEWPORT CENTER DRIVE SUITE #118</b> <b>DEERFIELD FL 33442</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BUTTERS, MALCOLM</b> <b>1096 E. NEWPORT CENTER DRIVE SUITE 100</b> <b>DEERFIELD BEACH, FL 33442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BUTTERS, MARK</b> <b>1096 E. NEWPORT CENTER DRIVE SUITE 100</b> <b>DEERFIELD BEACH, FL 33442</b>	<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 another like empowered.

SIGNATURE: DATE: **4/11/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)