

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90089 006 \*\*\*150.00

**DOCUMENT # P99000024201**

1. Entity Name

**I-595 BUSINESS PLAZA, INC.**

Principal Place of Business

1166 W. NEWPORT CENTER DR., STE. 118  
 DEERFIELD FL 33442

Mailing Address

1166 W. NEWPORT CENTER DR., STE. 118  
 DEERFIELD FL 33442-7739

2. Principal Place of Business

**1096 E. Newport Center Dr.**

Suite, Apt. #, etc.  
**100**

City & State  
**Deerfield Beach FL**

Zip  
**33442**

Country  
**USA**

3. Mailing Address

**1096 E. Newport Center Dr.**

Suite, Apt. #, etc.  
**100**

City & State  
**Deerfield Beach FL**

Zip  
**33442**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0903767**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAYNE, SHAWN**  
**200 E. BROWARD BLVD., STE. 1900**  
**FT. LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/12/00**  
 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, 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	<input type="checkbox"/> Delete
	<b>D BUTTERS, MALCOLM</b>	<b>1166 W. NEWPORT CENTER DR., STE. 118</b>	<b>DEERFIELD FL 33442</b>	<input type="checkbox"/>
	<b>D BUTTERS, MARK</b>	<b>1166 W. NEWPORT CENTER DR., STE. 118</b>	<b>DEERFIELD FL 33442</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>1096 E. Newport Center Drive, #100</b>	<b>Deerfield Beach, FL 33442</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>1096 E. Newport Center Drive, #100</b>	<b>Deerfield Beach, FL 33442</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**4/12/00**  
 DATE

**954-570-8111**  
 Daytime Phone #

CD05004 (01/00)