

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90134 037 \*\*\*150.00

**DOCUMENT # P98000063465**

1. Entity Name  
**PIVOT DESIGN INCORPORATED**

Principal Place of Business Mailing Address  
 1317 NE 17TH AVE. 1317 NE 17TH AVE.  
 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304

BUI31000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0851802</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GARDENER, LILIANA**  
 1317 NE 17TH AVE  
 FT LAUDERDALE FL 33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>GARDNER, LILIANA</b> <b>1317 NE 17TH AVE.</b> <b>FT. LAUDERDALE FL 33304</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** *[Signature]* **7/17/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



Attachment #  
P080000603465  
B0131883

July 17, 2002

To whom it may concern,

I was very distressed to receive, a notice owing \$550.00 due to lack of payment because I had not filed the Uniform Business Report 2002. Normally my accountant takes care of all these things.

firstly i did not receive the original notice and secondly my accountant is undergoing chemotherapy so I had to find someone else.

you can confirm this by contacting him at:

Ralph J. Castro

Certified Public Accountant

511 NE 49th Street

Fort lauderdale FL 33334

Telephone (954) 491-0887

I apologize for the situation and ask that you waive the \$550.00 late fee.

Thank You for your time and consideration.

A handwritten signature in black ink, appearing to read "Liliana Gardner".

Liliana Gardner