2000 UNIFORM BUSINESS REPORT (UBR) FILED P99000077589 Aug 08, 2000 8:00 am Secretary of State **DOCUMENT#** 1. Entity Name BORTOLIN & ASSOCIATES, P.A. 08-08-2000 90011 012 \*\*\*150.00 Mailing Address Principal Place of Business 1101 W. MCNAB RD. 2025 NE 164 STREET SUITE 200 N. MIAMI BEACH FL TAMARAC, FL 33321 A0071482 2. Principal Place of Business 3. Mailing Address 2025 NE 164 STREET 7101 W. MCNAB RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #409 200 Applied For 4. FEI Number 65-0945420 City & State City & State N. MIAMI BEACH Not Applicable TAMARAC Country O'SA 33160 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SONIA BORTOLIN Street Address (P.O. Box Number is Not Acceptable) 2025 NE 164 STREET, #409 NORTH MIAMI BEACH, FC 33760 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition TITLE □ Delete SONIA BURTOLIN NAME 2025 HE ILLY STREET, #409 STREET ADDRESS STREET ADDRESS N. MIAMI BCH. FL 33160 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS 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.

AINOC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SONIA M. BORTOLIN

LAW OFFICES

## BORTOLIN & ASSOCIATES, P.A.

SUITE 200 7101 WEST MCNAB ROAD TAMARAC, FLORIDA 33321 P990000 77589 AW11482

TELEPHONE (954) 718-8222 (954) 718-4395 FACSIMILE (954) 720-1781 http://www.greencardsusa.com

July 31, 2000

Uniform Business Report Division of Corporation PO Box 1500 Tallahassee, FL 32302-1500

Re: Uniform Business Report for

Bortolin & Associates, P.A.

Dear Sir or Madam:

Pursuant to our telephone conversation, I am enclosing the Uniform Business Report for my company. As I explained over the phone, I did not receive the Report in the mail. After numerous telephone calls to correct the address and to request an additional copy, I've received this blank report last week. Therefore, I ask that you waive the late fee for this year's report, as I was not able to file it in time because I did not received it. I am enclosing the fee of \$150.

If you have any questions or concerns regarding this matter, please call me.

Very truly yours,

Sonia Bortolin

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