

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 028 \*\*\*150.00

DOCUMENT # P99000077589  
1. Entity Name

BORTOLIN & ASSOCIATES, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
524 S. ANDREWS AVE

3. Mailing Address  
524 S. ANDREWS AVE

Suite, Apt. #, etc.  
101 N

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101 N

DO NOT WRITE IN THIS SPACE

City & State  
FT. LAUDERDALE, FL

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FT. LAUDERDALE, FL

4. FEI Number  
650945420

Applied For  
Not Applicable

Zip Country  
33301 USA

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33301 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SONIA M. BORTOLIN

Street Address (P.O. Box Number is Not Acceptable)

524 S. ANDREWS AVE, SUITE 101 N

City FT. LAUDERDALE FL Zip Code 33301

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
SONIA BORTOLIN 524 S. ANDREWS AVE, STE 101 N FT. LAUDERDALE, FL 33301

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sonia Bortolin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (954) 523-2223  
Date Daytime Phone #

CR2E034B (12/01)