## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # K32535** THE BOTTOM LINE OF SOUTH FLORIDA, INC. 04-10-2001 90147 050 \*\*\*150.00 Principal Place of Business Mailing Address C/O KEITH T. GRUMER C/O KEITH T. GRUMER ONE EAST BROWARD BLVD., SUITE 1705 ONE EAST BROWARD BLVD., SUITE 1705 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Apolied For 65-0074256 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Caromer\_ GRUMER, KEITH T ONE EAST BROWARD BLVD., SUITE 1705 FT. LAUDERDALE FL 33301 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVS** Delete TITLE AZOR, JORGE NAME 11173 SH 37 MANUR STREET ADDRESS STREET ADDRESS 1556 NW 113TH WAY CITY-ST-Z:P CITY-ST-7IP DAVIL FL. 33328 PEMBROKE PINES FL TITLE ☐ Delete TITLE AZOR, JORGE NAME NAME 11173 SW 37 MANOR STREET ADDRESS STREET ADDRESS -1556 N.W. T13TH WAY CITY-S1-ZIP CITY-ST-7)P PEMBROKE PINES FL DAVIE FL - 33328 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete T!T: F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Y171.5 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY - ST- 7'P TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 medic under oath; that I am an officer or director of the corporation or the receiver of this see 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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303 238 9864

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