

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90045 040 \*\*\*150.00

**DOCUMENT # K32535**

1. Entity Name  
**THE BOTTOM LINE OF SOUTH FLORIDA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O KEITH T. GRUMER</b><br><b>ONE EAST BROWARD BLVD., SUITE 1705</b><br><b>FT. LAUDERDALE FL 33301</b><br><b>US</b> | Mailing Address<br><b>C/O KEITH T. GRUMER</b><br><b>ONE EAST BROWARD BLVD., SUITE 1705</b><br><b>FT. LAUDERDALE FL 33301</b><br><b>US</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>23635-A S. DIXIE HIGHWAY</b> | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>23635-A S. DIXIE HIGHWAY</b> |
| City & State<br><b>HOMESTEAD, FL.</b>  | City & State<br><b>HOMESTEAD, FL.</b>  |
| Zip<br><b>33032</b>  | Country<br><b>MIA-DADE</b>   |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0074256</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>GRUMER, KEITH T</b><br><b>ONE EAST BROWARD BLVD., SUITE 1501</b><br><b>FT. LAUDERDALE FL 33301</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

|   |   |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
|---|---|--|---------------------------------|------|--------------------|--|----------------|----------------------------|--|-------------|-----------------------|--|---|-------|-----------------|--|------|---------------------------------|--|----------------|-----------------------------|--|-------------|----------------------|--|
| 11. OFFICERS AND DIRECTORS  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
| <table border="1"> <tr> <td>TITLE</td> <td><b>PVS</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>AZOR, JORGE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11173 SW 37TH MANOR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DAVIE FL 33328</b></td> <td></td> </tr> </table> | TITLE   | <b>PVS</b>   | <input type="checkbox"/> Delete | NAME | <b>AZOR, JORGE</b> |  | STREET ADDRESS | <b>11173 SW 37TH MANOR</b> |  | CITY-ST-ZIP | <b>DAVIE FL 33328</b> |  | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>23635-A S. DIXIE HIGHWAY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HOMESTEAD FL. 33032</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>                            | TITLE |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | <b>23635-A S. DIXIE HIGHWAY</b> |  | STREET ADDRESS | <b>HOMESTEAD FL. 33032</b>  |  | CITY-ST-ZIP |                      |  |
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| NAME  | <b>AZOR, JORGE</b>                                    |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
| STREET ADDRESS  | <b>11173 SW 37TH MANOR</b>                            |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
| CITY-ST-ZIP   | <b>DAVIE FL 33328</b>                                 |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
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| NAME  | <b>23635-A S. DIXIE HIGHWAY</b>                       |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
| STREET ADDRESS  | <b>HOMESTEAD FL. 33032</b>                            |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
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| NAME  | <b>ANDRES PINSTEIN</b>                                |  |                                 |      |                    |  |                |                            |  |             |                       |  |   |       |                 |  |      |                                 |  |                |                             |  |             |                      |  |
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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)(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] DATE: 1/9/02 DAYTIME PHONE: 845-9485

CR2E034 (9/01)