

**FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 14, 2002 8:00 am  
Secretary of State**

05-14-2002 90451 026 \*\*\*150.00

**DOCUMENT # P99000033780**  
1. Entity Name  
Absolutebrokers, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3405-A N.W. 72nd Ave. Suite, Apt. #, etc. Suite 203 City & State Miami, FL Zip 33122-1300		3. Mailing Address 3405-A N.W. 72nd Ave. Suite, Apt. #, etc. Suite 203 City & State Miami, FL Zip 33122-1300	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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

Name Botero, Robert
Street Address (P.O. Box Number is Not Acceptable) 412 Kelly Lane
City Weston
State FL
Zip Code 33326

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S Botero, Robert 412 Kelly Lane Weston, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Botero, Maria 412 Kelly Lane Weston, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 14 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Robert Botero 042402 305-593-6247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #