

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91190 023 ***150.00

DOCUMENT # P00000096165

1. Entry Name

POLAR LIGHT, INC

2. Principal Place of Business

1501 BRICKELL AVE

Suite, Apt. #, etc.

1402

City State

MIAMI, FL

Zip

33119

Country

3. Mailing Address

1501 BRICKELL AVE

Suite, Apt. #, etc.

1402

City State

MIAMI, FL

Zip

33119

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1046201

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name HOYOS, RAITE

Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVE

704

City MIAMI

FL

Zip Code 33131

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 the # applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

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
DD	MANTILLA, HUGO	1520 BRICKELL RD DR. B. #1143	MIAMI, FL 33131
DVP	ECHAVARRIA, CAMILO	1501 BRICKELL AVE SUITE 1402	MIAMI, FL 33129
D	JARAMILLO, JLEA	1501 BRICKELL AVE SUITE 1402	MIAMI, FL 33119
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	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)(f), 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 empowerments.

SIGNATURE: *Camilo Echavarría*

CAMILLO ECHAVARRIA 4/29/02

305 854 5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2ED04B (12/01)