

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-03-2001 90002 034 ***150.00
 08-31-2001 90117 031 ***400.00

80063210



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040499
 1. Entity Name
POLITA, INC.

Principal Place of Business 1698 JEFFERSON AVE. #5 MIAMI BEACH FL 33139	Mailing Address 1698 JEFFERSON AVE. #5 MIAMI BEACH FL 33139
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2. Principal Place of Business 1821 Jefferson Ave Suite, Apt. #, etc. #104	3. Mailing Address 1821 Jefferson Ave Suite, Apt. #, etc. #104
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City & State Miami Beach, FL Zip 33139 Country USA	City & State Miami Beach, FL Zip 33139 Country USA	4. FEI Number 65-0832535	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
POLITA, FABIO
1698 JEFFERSON AVE.
#5
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: **Fabio Polita**
 Street Address (P.O. Box Number is Not Acceptable): **1821 Jefferson Ave**
#104
 City & State: **Miami Beach, FL** Zip Code: **33139**

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]* DATE: **6/18/01**
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME POLITA, FABIO	TITLE PD	NAME Fabio Polita
STREET ADDRESS 1698 JEFFERSON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 1821 Jefferson Ave #104	CITY-ST-ZIP Miami Beach, FL 33139
TITLE VT	NAME FERNANDEZ, CONCHITA	TITLE VT	NAME Conchita Fernandez
STREET ADDRESS 1698 JEFFERSON AVE.	CITY-ST-ZIP MIAMI BEACH FL 33139	STREET ADDRESS 1821 Jefferson Ave #104	CITY-ST-ZIP Miami Beach, FL 33139
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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 Block 12 if changed, or on an attachment with an address with all other like empowered.
 SIGNATURE: *[Signature]* **Conchita Fernandez** Date: **6/18/01 (305)**
Typed or printed name of signing officer or director

604 9879

CR2E034 (10/00)