FILED
Feb 21, 2003 8:00 am
Secretary of State
02-10-2003 90435 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010543

1. Entity Name

30 YARDS POLO, INC.

00000440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12765 Forest Hill Boulevard	12765 Forest Hill Boulevard
Suite, Apt. #, etc.: Suite 1302	Suite, Apt. #, etc.: Suite 1302
City & State: Wellington, Florida	City & State: Wellington, Florida
Zip: 33414 Country: US	Zip: 33414 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 90-0002502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Boulevard, Suite 1302

City: Wellington FL Zip Code: 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mario G. de Mendoza, III, President 01/28/03

(NOTE: Registered Agent signature required when filing) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DPST NAME: Olivera, Juan M. STREET ADDRESS: 12765 Forest Hill Boulevard, Suite 302 CITY-ST-ZIP: Wellington, Florida 33414	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: AS NAME: de Mendoza, Mario G., III STREET ADDRESS: 12765 Forest Hill Boulevard, Suite 302 CITY-ST-ZIP: Wellington, Florida 33414	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Juan M. Olivera, President X 02/01/05 (561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #