

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005318

1. Entity Name

POLO FLORIDA CORP.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90225 047 ***150.00

Principal Place of Business	Mailing Address
446 TOWN CENTER BOCA RATON FL 33431 US	9 POLITO AVE LYNDHURST NJ 07071-3498 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	84-1248750	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE	PCD
NAME	BARBIERI, DONNA
STREET ADDRESS	9 POLITO AVE
CITY-ST-ZIP	LYNDHURST NJ 07071
<input checked="" type="checkbox"/> Delete	
TITLE	VTC
NAME	PLATONI, NANCY A
STREET ADDRESS	9 POLITO AVE
CITY-ST-ZIP	LYNDHURST NJ 07071
<input type="checkbox"/> Delete	
TITLE	V
NAME	DIMURO, MARK
STREET ADDRESS	9 POLITO AVE
CITY-ST-ZIP	LYNDHURST NJ 07071
<input type="checkbox"/> Delete	
TITLE	D
NAME	LAUREN, RALPH
STREET ADDRESS	650 MADISON AVE
CITY-ST-ZIP	NEW YORK NY 10022
<input type="checkbox"/> Delete	
TITLE	D
NAME	NEWMAN, MICHAEL
STREET ADDRESS	650 MADISON AVE
CITY-ST-ZIP	NEW YORK NY 10022
<input checked="" type="checkbox"/> Delete	
TITLE	SD
NAME	COHEN, VICTOR
STREET ADDRESS	650 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10055
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PRESIDENT
NAME	LANCE I SHAM
STREET ADDRESS	650 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

NANCY A. PLATONI
NANCY A. PLATONI POLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(201) 531-6830

Daytime Phone #