2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # F93000005318 1. Entity Name 05-23-2002 90139 030 ***150.00 POLO FLORIDA CORP. Principal Place of Business Mailing Address 446 TOWN CENTER 9 POLITO AVE DATTORIO **BOCA RATON FL 33431** LYNDHURST NJ 07071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 84-1248750 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (<u>8</u>/07 TITLE SVPC ☐ Delete TITLE Change ☐ Addition NAME CHANEY, GERALD NAME CR2E034 STREET ADDRESS 650 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP 🔀 Delete Change Addition TITLE **VPAS** TITLE Kelly, Dennis P. 9 POLITO AVENUE NAME DIMURO, MARK NAME STREET ADDRESS STREET ADDRESS 9 POLITO AVE CITY-ST-ZIP LYNDHURST NJ 07071 CITY-ST-ZIP DPCO. ----. Delete TITLE □ Change NAME FARAH, ROGER NAME STREET ADDRESS 650 MADISON AVE STREET ADDRESS CITY-ST-ZIP NEW YORK NY: 10022 CITY-ST-ZIP VC Delete TITLE A Change ☐ Addition Scheuermann, Edward ISHAM, LANCE NAME STREET ADDRESS 650 MADISON AVE SOMADISON AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP Delete TITLE TITLE SD . ☐ Change ☐ Addition CLEMENTS, JACQUELINE NAME STREET ADDRESS 650 MADISON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING

with an aderess, with all other like empowered.

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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

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changed, or on an attachment