

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

FILED
May 28, 2002 8:00 am
Secretary of State

DOCUMENT # **F97000004346**

1. Entity Name
THE POLISAR GROUP, INC.

05-28-2002 91756 031 ***163.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10004 E. BAY HARBOR DR.
Suite, Apt. #, etc.
10

3. Mailing Address
P.O. Box 6257
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BAY HARBOR IS, FL
Zip
33154
Country
MIAMI/DADE

City & State
SURFIDE, FL.
Zip
33154
Country
MIAMI/DADE

4. FEI Number
23-2837482

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
JONATHAN MARC POLISAR
Street Address (P.O. Box Number is Not Acceptable)
10000 W BAY HARBOR DR.

City
BAY HARBOR ISLANDS, FL Zip Code
33154

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 **JONATHAN MARC POLISAR**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/V/T/S/O/E/M
JONATHAN MARC POLISAR
10000 W. BAY HARBOR DR.
BAY HARBOR ISLANDS, FL 33154

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jonathan Marc Polisar**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 Date
305-868-8684 Daytime Phone #