

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90098 033 \*\*\*150.00

0281137

**DOCUMENT # H83404**

1. Entity Name  
**POLYFACT, INC.**

Principal Place of Business  
**2300 PALM BEACH LAKES BLVD.  
#215-H  
WEST PALM BEACH FL 33409  
US**

Mailing Address  
**317 TENTH STREET  
% PAUL J. NICOLETTI  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address  
**946 S. PATRICK CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WEST PALM BEACH, FL**

4. FEI Number **59-2598805**

Applied For  
Not Applicable

Zip Country

Zip Country  
**33406 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICOLETTI, PAUL J.  
317 TENTH STREET  
WEST PALM BEACH FL 33401**  
**946 S. PATRICK CIRCLE  
WEST PALM BEACH FL 33406**

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

**2/13/2001**

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, 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 ☐ Delete  
NAME **DPS**  
STREET ADDRESS **SANCHEZ, FRED**  
CITY-ST-ZIP **2300 PALM BCH LKS #215  
W. PALM BCH. FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SANCHEZ, DIANE**  
CITY-ST-ZIP **2300 PALM BCH LKS #215  
W. PALM BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRED SANCHEZ**

Date

Daytime Phone #

**561 6839604**

CR2E034 (10/00)