

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002369**

1. Entity Name

**POLO INVESTMENTS, LC**

**FILED**  
01 APR -4 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~511 NE THIRD AVENUE, 2ND FLOOR~~  
~~FORT LAUDERDALE FL 33301~~

~~511 NE THIRD AVENUE, 2ND FLOOR~~  
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

**1623 Collins Ave**  
Suite, Apt. #, etc. **# 909**

3. Mailing Address

**1623 Collins Ave**  
Suite, Apt. #, etc. **# 909**

City & State

**Miami Beach FL**

City & State

**Miami Beach FL**

Zip

**33139**

Country

**Dade**

Zip

**33139**

Country

**DADE**

4. FEI Number

**65-0986744**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, JOSH**  
**511 NE THIRD AVENUE, 2ND FLOOR**  
**FORT LAUDERDALE FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGRM CALM WAVES TRUST** ☐ Delete  
STREET ADDRESS **511 NE THIRD AVENUE, 2ND FLOOR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE NAME **MGRM BLUE SKY TRUST** ☐ Delete  
STREET ADDRESS **511 NE THIRD AVENUE, 2ND FLOOR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
NAME **100004008781--8**  
STREET ADDRESS **-04/13/01--01093--012**  
CITY-ST-ZIP **\*\*\*\*\*488.75 \*\*\*\*\*50.00**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Virginia Dominguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**March 25/2001**

**305 534-9090**

CR2E083 (11/00)