LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

FILED May 12, 2002 8:00 am Secretary of State

Otth Okin Boshiess REPORT (OBR)					Secretary of State			
DOCUMENT # L01000012976					05-12-2002 90576 030 ****50.00			
1. Entity Name POLIVENTURES LLC								
(021,000			7					
						• •		
DO NOT WRITE IN THIS SPACE								
DO NOT WHIT		PACI	L	N.A.				
2. Principal Place of Business 3095 Canterbury Dr. 3. Mailing Address 3095 Canterbury Dr. 3095 Can			· · · · · · · ·					
Suite, Apt. #, etc. Suite, Apt. #, etc.			iterbury Dr.		DO NOT WRITE IN THIS SPACE			
City & State City & State				A 550				
Boca Raton, FL	<u>Boca Ra</u>	ton,	FL	4. FEI	Number 65-112	1820	Applied For Not Applicable	
Zip Country 33434	^{Zip} 33434	Country	1	5. Ce	tificate of Status Desire		0 Additional lequired	
			None	7. Name	e and Address of Curi			
DO NOT WRITE					ando P. Salam			
IN THIS SPACE			Street Addre	ess (P.O. Box	(P.O. Box Number is Not Acceptable)			
			309	35 Ca	Counterbury Dr.			
			City C	<u> </u>	ca laton FL Zip Code 434			
8. The above named entity submits this statement	for the purpose of changing its	registered	office or red	istered agent	or both in the State of	Florida	33434	
F South	> Fernands							
SIGNATURE Signature, typed or printed name of registered age	int and title if applicable.		Salam	rres	denc	J/1/2	002	
		EE IS S	50.00					
	Make Check Pa	yable to	Departmer	nt of State	-			
		UE BY N	IAY 1					
9. MANAGING MEME	BERS/MANAGERS							
Fernando P. Salam		TITLE NAME	ę.		•		201	
STREET ADDRESS 3095 Conterbur	DRESS 3095 Conterbury Dr.		ADDRESS	• •	· ·			
	Boca Raton, EL 33434		-ZIP					
NAME POLA M. Vorgas - Salam		. TITLE NAME	2				1828	
STREET ADDRESS 3095 Conferbury DV.			ADDRESS		• .	•	. 0	
CITY-ST-ZIP Baca Raton,	FL 33434	CITY-ST	- ZIP					
TITLE NAME		TITLE	ń i					
STREET ADDRESS		- NAME - STREET A	()	= 0 - 2 ° 3 -4 °		و سیمر میں مرحوق بید کے		
CITY - ST - ZIP	<u> </u>	CITY-ST	-ZIP		DO NOT	WRITE		
TITLE NAME		TITLE			IN THIS	SPACE		
STREET ADDRESS		NAME STREET A	ODRESS			OI AOL		
CITY - ST - ZIP		CITY-ST	ć l					
TITLE		TITLE	0.424.9					
NAME Street Address		NAME STREET A	DDDESE			• •		
CITY-ST-ZIP		STREET A	(!]		•			
TITLE		TITLE			· · · · · · · · · · · · · · · · · · ·		*	
NAME STORET ANNOESS		NAME	# 	٠	•			
STREET ADDRESS CITY - ST - ZIP		STREET A	5 I	-				
11. Thereby certify that the information supplied wit	h this filing does not qualify for	the evernor	ion stated in	Section 179	07(3)(i). Florida Statute	S. I further certify that	the information	
indicated on this report is true and accurate and limited liability company or the receiver or truste						aging member or ma	anager of the	