

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90019 006 \*\*\*\*50.00

**DOCUMENT # L01000018768**

1. Entity Name  
**POLAR BEAR, LLC**

Principal Place of Business  
**7598 ELMRIDGE DRIVE  
 BOCA RATON FL 33433**

Mailing Address  
**7598 ELMRIDGE DRIVE  
 BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3838387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name - **Albert Haimes**

Street Address (P.O. Box Number is Not Acceptable)

**7598 Elmridge Dr.**

City **Boca Raton**

**FL**

Zip Code **33433**

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)

**MAR 27 2002**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME Member  
 STREET ADDRESS Albert Haimes  
 CITY-ST-ZIP 7598 Elmridge Dr.  
 Boca Raton, FL 33433

TITLE ☒ Change ☐ Addition  
 NAME Member  
 STREET ADDRESS Albert Haimes  
 CITY-ST-ZIP 4740 S. Ocean Blvd. #1206  
 Highland Beach, FL 33487  
 (After May 3, 2002) ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME Member/Manager  
 STREET ADDRESS Howard Haimes  
 CITY-ST-ZIP 222 W. 15th St. Apt. #2C  
 New York, NY 10011

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

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

**MAR 27 2002**

Date

Daytime Phone #

CR2E083 (9/01)