

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90123 030 ****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

4740 S. OCEAN BLVD.

Suite, Apt. #, etc.

#1206

3. Mailing Address

4740 S. OCEAN BLVD.

Suite, Apt. #, etc.

#1206

City & State

HIGHLAND BCH., FL

City & State

HIGHLAND BCH., FL

Zip

33487

Country

Zip

33487

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

7. Name and Address of New Registered Agent

HAIMES, ALBERT

7598 ELMRIDGE DRIVE

BOCA RATON FL 33433

CORRECT →

Name

HAIMES, ALBERT

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

4740 S. OCEAN BLVD. #1206

City

HIGHLAND BCH.,

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HAIMES, ALBERT**
CITY-ST-ZIP **4740 SO. OCEAN BLVD. #1206**
HIGHLAND BEACH FL 33487

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HAIMES, HOWARD**
CITY-ST-ZIP **222 W 15 STREET**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

Date

Daytime Phone #

FEB 14 2003

FEI-394-395B

CR2E083 (10/02)