## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jun 14, 2001 8:00 am DOCUMENT # L73674 **Secretary of State** 06-14-2001 90014 038 \*\*\*550.00 Polo Homes of Palm Beach, INC. Principal Place of Business Malting Address same. 205 Worth Avenue A0073263 Palm Beach, FL 33480 3. Mailing Address 2. Principal Place of Business 205 Worth Avenue same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 半みoろ Applied For 4. FEI Number 650195162 City & State City & State Palm Beach Florida Not Applicable Country \$6.75 Additional 5. Certificate of Status Desired 33480 raim Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Neme Misban Andab 205 Worth Avenue Street Address (P.O. Box Number is Not Acceptable) Suite # 203 Palm Beach , Florida 33480 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete Change TITLE Misbah Ahdab NAME STREET ADDRESS STREET ADDRESS FL 33480 Palm Beach. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE Hind Ahdab NAME NAME 205 worth Avc. STREET ADDRESS STREET ADDRESS Palm Beach , FL 33480 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change Addition ☐ Delete TITLE NALEF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TINE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

LISBAH AHDAB TRE