

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

DOCUMENT # M00000002086

1. Entity Name
MIRAGE POLO, LLC

Principal Place of Business **Mailing Address**
 12230 FOREST HILL BLVD., STE 159 12230 FOREST HILL BLVD., STE 159
 WELLINGTON FL 33414 WELLINGTON FL 33414

2. Principal Place of Business **3. Mailing Address**
 12230 FOREST HILL BLVD SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 STE200

City & State **City & State**
 WELLINGTON FL

Zip **Country** **Zip** **Country**
 33414 USA

6. Name and Address of Current Registered Agent

MARTIN, SOPHIA A
 2133 POLO GARDENS DR., NO. 102
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name JONATHAN INGRAM
Street Address (P.O. Box Number is Not Acceptable)
 12230 FOREST HILL BLVD STE200
City WELLINGTON **FL** **Zip Code** 33414

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)

11/29/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE President ☐ Delete
NAME Jonathan Ingram
STREET ADDRESS 23 Paine Ave
CITY-ST-ZIP Prides Crossing, MA 01965

TITLE ☐ Delete
NAME Sophia Martin
STREET ADDRESS 2133 Polo Gardens Dr.
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000004719420--4
CITY-ST-ZIP -12/11/01--01086--002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

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

Date

Daytime Phone #

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -3 PM 1:58



DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0801292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

STAPLE CHECK HERE

0005307

CR2E083 (5/01)