

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90137 023 \*\*\*158.75

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**DOCUMENT # M09855**

1. Entity Name  
**POLARIS ENTERPRISES INC.**



Principal Place of Business  
~~1700 UNIVERSITY DR~~  
~~220~~  
CORAL SPRINGS FL 33071  
US

Mailing Address  
~~1700 UNIVERSITY DR~~  
~~SUITE 220~~  
CORAL SPRINGS FL 33071  
US

60008828



2. Principal Place of Business  
**12556 W ATLANTIC BLVD**

3. Mailing Address  
**- SAME**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS - FL**

City & State  
**FLORIDA**

4. FEI Number **59-2481868**

Applied For  
 Not Applicable

Zip **33071-4085** Country **BROWARD**

Zip **33071-4085** Country **BROWARD**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, AVIVA**  
**12129 NW 9TH PL**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code


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  (NOTE: Registered Agent signature required when reinstating)

DATE **1/15/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTS</b> <b>COHEN, AVIVA</b> <b>12129 NW 9TH PL</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>POLA700 - 330713318 1103-13-01/09/03-</b> <b>NOTIFY SENDER OF NEW ADDRESS</b> <b>: POLLARIS ENTERPRISES INC</b> <b>12556 W ATLANTIC BLVD</b> <b>CORAL SPRINGS FL 33071-4085</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/03** Daytime Phone # **954-753-3030**

CFR2034 (10/02)

Attachment Doc # M09855-

**Polaris**

**ENTERPRISES, INC.**



**Worldwide Freight Consultants**

December 19, 2002

TO WHOM IT MAY CONCERN :

Please be advised that we will be moving as of Dec. 31st. 2002 to a new address as follows :

Polaris Enterprises Inc.  
Lakeview Professional Village  
12556 West Atlantic Blvd.  
Coral Springs, FL 33071-4085

Our Present Telephone and Fax. Numbers will remain unchanged

Please feel free to contact the undersigned if you have any questions.

Very truly yours  
Polaris Enterprises Inc.

  
Aviva Cohen, Pres.

**SHIPPERS - EXPORT SALES - CONFIRMING - MANUFACTURERS EXPORT REPRESENTATIVES - BUYERS**

1700 University Dr., Suite 220, Coral Springs, FL 33071 U.S.A.

Tel. No. (954) 753-3030 • Fax No. (954) 753-3044