

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M81042** (7)

1. Corporation Name
UHEL POLLY HAULING, INC.

Principal Place of Business
**2700 NW 33RD ST
POMPANO BEACH FL 33069
US**

Mailing Address
**2700 NW 33RD ST
POMPANO BEACH FL 33069-1053
US**



3. Date Incorporated or Qualified **05/16/1988** 3a. Date of Last Report **01/23/1996**

4. FEI Number **65-0063510** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**POLLY, UHEL, II
2700 N.W. 33 ST.
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	POLLY, LINDA	1.2 NAME	
STREET ADDRESS	2700 N.W. 33 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	1.4 CITY - ST - ZIP	
TITLE	DVT	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLY, UHEL II	2.2 NAME	
STREET ADDRESS	2700 N.W. 33 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33069	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	DIRECTOR
STREET ADDRESS		3.3 STREET ADDRESS	JASON BIANCHINI
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1014 RHODES VILLA LANE
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	DELRAY BEACH, FL 33483
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Polly* 1/17/97 954971-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)