

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48122

1. Entity Name

POLE FOUNDATION, INC.

FILED

Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90042 021 \*\*\*\*61.25

Principal Place of Business

4649 PONCE DELEON BLVD  
STE 304  
CORAL GABLES FL 33146  
US

Mailing Address

4649 PONCE DELEON BLVD  
STE 304  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip -

Country

Zip

Country

4. FEI Number

65-0330579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI, INC.  
201 S BISCAYNE BLVD  
SUITE 1600  
MIAMI FL 33131

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.

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LEWIS, JONATHAN D  
CITY-ST-ZIP 4649 PONCE DE LEON BLVD #304  
CORAL GABLES FL 33146

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS POSADA, ROBERTO  
CITY-ST-ZIP 4649 PONCE DE LEON BLVD #304  
CORAL GABLES FL 33146

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MILLARES, MARIA R  
CITY-ST-ZIP 4649 PONCE DE LEON BLVD #304  
CORAL GABLES FL 33146

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS de la Vega, Dania B  
CITY-ST-ZIP 4649 Ponce de Leon Blvd. #304  
Coral Gables FL 33146

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS Bruce Berman  
CITY-ST-ZIP 201 So. Biscayne Blvd.  
Miami, FL 33131

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

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 617, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 305-662-9649

CR2E037 (9/01)