

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044447

1. Entity Name
POLLEX MANAGEMENT, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90300 001 ***150.00

Principal Place of Business
ONE EAST BROWARD SUITE 1300
FORT LAUDERDALE FL 33301

Mailing Address
ONE EAST BROWARD SUITE 1300
FORT LAUDERDALE FL 33301

2. Principal Place of Business
901 YAMATO ROAD
Suite, Apt. #, etc.
130

3. Mailing Address
901 YAMATO ROAD
Suite, Apt. #, etc.
130

City & State
BOCA RATON, FL
Zip
33433
Country
USA

City & State
BOCA RATON, FL
Zip
33433
Country
USA

4. FEI Number
65-1010284

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

Name
HANS OTTHAR BLIX
Street Address (P.O. Box Number is Not Acceptable)
7061 VIA MEDITERRANIA
City
BOCA RATON FL Zip Code
33433

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  HANS OTTHAR BLIX (CEO) DATE MARCH 30th 2001

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT & SECRETARY
HANS OTTHAR BLIX
7061 VIA MEDITERRANIA
BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
ODD HEDGIM
P.O. Box 1673 Vika
0120 OSLO NORWAY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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, which other I am empowered.

SIGNATURE:  HANS OTTHAR BLIX DATE MARCH 30th 2001 Daytime Phone # 561 8930240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)