

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90107 020 ***150.00

DOCUMENT # P00000044447

1. Entity Name
POLLEX MANAGEMENT, INC.



Principal Place of Business
**6700 N ANDREWS AVE.
#401
FORT LAUDERDALE FL 33309**

Mailing Address
**6700 N ANDREWS AVE.
#401
FORT LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

BLOOM & ASS. 16375 NE 18th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 330

City & State

City & State

NORTH MIAMI BEACH, FL

Zip

Country

Zip

Country

33162-4787

USA

4. FEI Number **65-1010284**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLIX, HANS O
7061 VIA MEDITERRANIA
BOCA RATON FL 33433**

Name

Stuart L. Bloom, Bloom & Ass Inc.

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

16375 N.E. 18th AVE

Suite 330

City

North Miami Beach

FL

Zip Code

33162

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 **Stuart L. Bloom**
Signature, typed or printed name of registered agent and title if applicable

Stuart L. Bloom

(NOTE: Registered Agent signature required when reinstating)

3/18/03
DATE

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 **PS** ☐ Delete
NAME **BLIX, HANS O**
STREET ADDRESS **7061 VIA MEDITERRANIA**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PS** ☒ Change ☐ Addition
NAME **BLIX, HANS O**
STREET ADDRESS **HOLTVEIEN 49**
CITY-ST-ZIP **1177 OSLO, NORWAY**

TITLE **VP** ☐ Delete
NAME **HEGGIM, ODD**
STREET ADDRESS **PO BOX 1673 VIK**
CITY-ST-ZIP **00LO, NORWAY NW 0120**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 OF HANS Blix

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. february 2003 +9721505705

Date Daytime Phone #

CR2E034 (10/02)