

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P00000073584**

1. Entity Name

**POLO SERVICES CORPORATION**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91529 023 \*\*\*150.00

Principal Place of Business

Mailing Address

**708 S. FEDERAL HWY. #77**  
**DEERFIELD BEACH FL 33441**

**708 S. FEDERAL HWY. #77**  
**DEERFIELD BEACH FL 33441**

2. Principal Place of Business

**3840 W HILLSBORO BLVD**

3. Mailing Address

**3840 W HILLSBORO BLVD**

Suite Apt. #, etc.

**223**

Suite Apt. #, etc.

**223**

City & State

**DEERFIELD BEACH FL**

City & State

**DEERFIELD BEACH FL**

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**

4. FEI Number

**65-1010558**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION**

**3929 N FEDERAL HWY**

**POMPANO BEACH FL 33064**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	DA SILVA, MARIA EUNICE	
STREET ADDRESS	3840 W HILLSBORO BLV #223	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRASIL, JR. SIDNEI F.	
STREET ADDRESS	3840 W HILLSBORO BLV #223	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

**03/15/02**

Date

**(954) 596-2532**

Daytime Phone #