

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 003 ***150.00

DOCUMENT # **P000000073584**

1. Entity Name

Polo Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3840 W. Hillsboro Blvd

3. Mailing Address

3840 W. Hillsboro Blvd.

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

223

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Bch, FL 33442

City & State

Deerfield Bch, FL 33442

4. FEI Number

65-1010558

Applied For

Not Applicable

Zip

33442

Country

Zip

33442

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIA DA SILVA

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

229 NW 36th AVE

City

Deerfield Bch.

FL

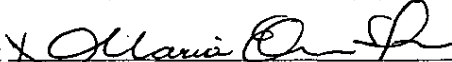
Zip Code

33442

**DO NOT WRITE
IN THIS SPACE**

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



MARIA DA SILVA

4/28/03

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sidnei Brasil Jr, President
229 NW 36th AVE.
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIA DA SILVA, V.P.
229 NW 36th AVE.
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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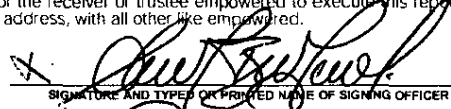
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

DATE

Daytime Phone #

CR2E034B (12/01)