2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 26, 2001 8:00 am
Secretary of State
04-25-2001 90358 001 ***150.00
04-25-2001 90358 002 *****8.75

DOCUMENT # P00000094586

1. Entity Name
POLFRAME, INC.

Principal Place of Business	Mailing Address
412 LAKESIDE DRIVE MARGATE FL 33063	412 LAKESIDE DRIVE MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
412 LAKESIDE DR 122	412 Lakeside Dr 122
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Margate FL	Margate
City & State	City & State
	FL
Zip 33063 Country Pahokee Beach	Zip 33063 Country Pahokee Beach

4. FEI Number 65-1050300 ☐ 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
KUZIA, GRZEGORZ 412 LAKESIDE DRIVE MARGATE FL 33063	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P NAME STREET ADDRESS CITY-ST-ZIP	GRZEGORZ KUZIA 412 LAKESIDE DR 122 MARGATE FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GRZEGORZ KUZIA 412 LAKESIDE DR 122 MARGATE FL 3306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	GRZEGORZ KUZIA 412 LAKESIDE DR 122 MARGATE FL 33063	☐ 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

CR2E034 (10/00)

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, with all other like empowered.

SIGNATURE: K C. Grzegorz Kuzia 01/22/01 22/01/01 (954) 6145512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #