

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096165

1. Entity Name

POLAR LIGHT, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90124 037 ***150.00

Principal Place of Business

770 CLAUGHTON ISLAND DR.
#1703
MIAMI FL 33131

Mailing Address

770 CLAUGHTON ISLAND DR.
#1703
MIAMI FL 33131

2. Principal Place of Business

X 1581 BRICKELL AV

3. Mailing Address

X 1581 BRICKELL AV

Suite, Apt. #, etc.

S. 1402

Suite, Apt. #, etc.

SUITE 1402

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33129

Country

USA

Zip

33129

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1046201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOYOS, MAITE
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

TITLE D ☐ Delete
NAME ECHVARRIA, CAMILO A
STREET ADDRESS 770 CLAUGHTON ISLAND DR., #1703
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME MANTILLA, HUGO M
STREET ADDRESS 770 CLAUGHTON ISLAND DR., #1703
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME JARAMILLO, ILSA NATHALIA
STREET ADDRESS 770 CLAUGHTON ISLAND DR., #1703
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME HUGO MANTILLA
STREET ADDRESS 520 BRICKELL KEY DR BH.43
CITY-ST-ZIP MIAMI FL 33131

TITLE V ☒ Change ☐ Addition
NAME CAMILO ECHAVARRIA
STREET ADDRESS 1581 BRICKELL AV. S11402
CITY-ST-ZIP MIAMI FL 33129

TITLE S ☒ Change ☐ Addition
NAME ILSA JARAMILLO
STREET ADDRESS 1581 BRICKELL AV S 1402
CITY-ST-ZIP MIAMI FL 33129

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

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

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)