

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91474 031 ***150.00

DOCUMENT # P00000112602

1. Entity Name
POLARIS INT'L BUSINESS, INC.



Principal Place of Business
**12633 DARBY AVE
ORLANDO FL 32837**

Mailing Address
**12633 DARBY AVE
ORLANDO FL 32837**

2. Principal Place of Business
3501 W Vine St

3. Mailing Address
P.O. Box 451086

Suite, Apt. #, etc.
Suite 268

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
Kissimmee, FL

4. FEI Number
59-3689243

Applied For
☐ Not Applicable

Zip
34741

Country
USA

Zip
34745-1086

Country
USA

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

**MOSTAFA, HAGADALA J
12633 DARBY AVE
ORLANDO FL 32837**

Name
LEONARDO FELICE

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

3501 W VINE ST, SUITE 268

City **KISSIMMEE**

FL

34741

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 *Leonardo Felice* **LEONARDO FELICE** **04/25/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☒ Delete
NAME **MOSTAFA, HAGDALA J**
STREET ADDRESS **14352 SUN BAY DR**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **P** ☒ Change ☐ Addition
NAME **FELICE, LEONARDO**
STREET ADDRESS **3501 W VINE ST, SUITE 268**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Leonardo Felice
SIGNATURE LEONARDO FELICE

04/25/03

Date

(407) 944-0447

Daytime Phone #

CR2E034 (10/02)