

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029333

1. Entity Name

POLILAGOS INCORPORATED

2002

FILED

03 AUG - 6 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3900 NW 79 AVENUE

3. Mailing Address
3900 NW 79 AVENUE

Suite, Apt. #, etc.
SUITE # 328

Suite, Apt. #, etc.
SUITE # 328

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
65-1106535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CESAR FAJARDO

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

3900 NW 79 AVENUE

City
MIAMI

FL

Zip Code
33166

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08-05-03

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
PVSD
CESAR FAJARDO
3900 NW 79 AVENUE
MIAMI, FLORIDA 33166

TITLE
NAME
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CITY - ST - ZIP
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08/06/03--01073--002 **300.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-05-03 3052277409

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

2003

DOCUMENT # P01000029333

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FL Zip Code 33166

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-05-03 3052297408

Miami, August 5th, 2003

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: POLILAGOS INCORPORATED
Doc Number P01000029333**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2002 and 2003 Uniform Business Report. We think it was sent to a different location.

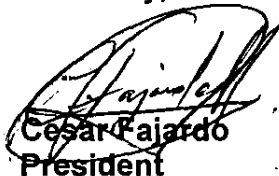
We are enclosing a check for \$300 to cover the following fees:

**2002 Uniform Business Report
2003 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997.

Your consideration will be greatly appreciated.

Sincerely,



**Cesar Rajardo
President**

**3900 NW 79 Avenue
Suite # 328
Miami, FL 33166**