

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-24-2002 90060 039 ***150.00

DOCUMENT # P01000029546

1. Entity Name
POLOS OPUESTOS, INC.

Principal Place of Business
599 GLENRIDGE ROAD
KEY BISCAYNE FL 33149

Mailing Address
599 GLENRIDGE ROAD
KEY BISCAYNE FL 33149

- 19139



2. Principal Place of Business
335 W PALMWOOD LANE
 Suite, Apt. #, etc.

3. Mailing Address
335 W PALMWOOD LANE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne
 Zip
33149
 Country
US

City & State
Key Biscayne
 Zip
33149
 Country
US

4. FEI Number
65-1126191
 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

RAMIREZ, MANUEL A
1200 BRICKELL AVENUE
SUITE 1440
MIAMI FL 33131

Name
RENZO MAIETTO
 Street Address (P.O. Box Number is Not Acceptable)
335 W PALMWOOD LANE
 City
Key Biscayne FL Zip Code
33149

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 Renzo Maietto DATE 2/9/02
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, 2002 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D MAIETTO, RENZO	599 GLENRIDGE ROAD	KEY BISCAYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I am empowered.

SIGNATURE: Renzo Maietto DATE 2/9/02 786-247-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)