

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047594

1. Entity Name
POLIMAR DISTRIBUTORS, INC.

Principal Place of Business
14553 SW 153 COURT
MIAMI FL 33196

Mailing Address
14553 SW 153 COURT
MIAMI FL 33196

2. Principal Place of Business
3100 W 84 STREET
Suite, Apt. #, etc.
#3

3. Mailing Address
3100 W 84 STREET
Suite, Apt. #, etc.
#3

City & State
Hialeah - Florida
Zip
33018 Country
U.S.A.

City & State
Hialeah - Florida
Zip
33018 Country
U.S.A.

4. FEI Number
65-1102724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMERO, MARITZA
14553 SW 153 COURT
MIAMI FL 33196

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROMERO, MARITZA
14553 SW 153 COURT
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROMERO, CARLOS H
14553 SW 153 COURT
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DE ARMAS, ULISES J
14553 SW 153 COURT
MIAMI FL 33196 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

MARITZA ROMERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-19-2002 90055 022 ***150.00

92981



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)