

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 023 ***150.00

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DOCUMENT # P01000047594

1. Entity Name
POLIMAR DISTRIBUTORS, INC.



Principal Place of Business
3100 W 84 STREET
#3
HIALEAH FL 33018

Mailing Address
3100 W 84 STREET
#3
HIALEAH FL 33018

2. Principal Place of Business

2500 W 84 street

3. Mailing Address

2500 W 84 street

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Hialeah - FL

City & State

Hialeah FL

Zip

33016

Country

USA

Zip

33016

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ROMERO, MARITZA	
STREET ADDRESS	14553 SW 153 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMERO, CARLOS H	
STREET ADDRESS	14553 SW 153 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE ARMAS, ULISES J	
STREET ADDRESS	14553 SW 153 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO MARITZA	
STREET ADDRESS	4966 SW 162 Ave	
CITY-ST-ZIP	MIRAMAR-FL 33027	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, CARLOS H.	
STREET ADDRESS	4966 SW 162 Ave	
CITY-ST-ZIP	MIRAMAR-FL 33027	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARMAS, ULISES J	
STREET ADDRESS	4966 SW 162 Ave	
CITY-ST-ZIP	MIRAMAR-FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 805-828-4747

Date

Daytime Phone #

CR2E034 (10/02)