

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91318 004 ***150.00

0692944 FP

DOCUMENT # P01000099164



1. Entity Name
POLSEC, INC.

Principal Place of Business
1175 NE 125TH STE SUITE 415
N MIAMI FL 33161

Mailing Address
1175 NE 125TH STE SUITE 415
N MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1157949**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE QUEIROZ, RENATO WERNER V
1025 9TH ST APT 2
MIAMI FL 33154

Name *DE QUEIROZ RENATO WERNER V.*
Street Address (P.O. Box Number is Not Acceptable) *7441 WAYNE AVE. #4J*
MIAMI BEACH
City **FL** Zip Code **33141**

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 _____ (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 **P** Delete
NAME **DE QUEIROZ, RENATO WERNER V**
STREET ADDRESS **1025 94TH ST APT 2**
CITY-ST-ZIP **MIAMI FL 33154**

DE QUEIROZ RENATO WERNER V. Change Addition
7441 WAYNE AVE #4J
MIAMI Bch, FL 33141

TITLE **VP** Delete
NAME **LERERAU, MAREIA C**
STREET ADDRESS **1025 94ST 2**
CITY-ST-ZIP **MIAMI FL 33154**

VP. Change Addition
C **Marcia C. Cerceau**
7441 Wayne Ave Apt 4J
Miami Beach, FL 33141-2542

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition

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: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (205) 331-4243
Date Daytime Phone #

CR2E034 (10/02)