

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0021944 AV

DOCUMENT # P02000098012

1. Entity Name
POLYUMAC TECHNO-CORE, INC.



FILED

03 SEP -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1030 EAST 30TH STREET
HIALEAH FL 33013

Mailing Address
1030 EAST 30TH STREET
HIALEAH FL 33013

2. Principal Place of Business
1060 E 30th ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL

City & State

4. FEI Number
03-0499790

Applied For
Not Applicable

Zip
33013

Country
USA

Zip

Country

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

VAZQUEZ, MARIELLA
1030 EAST 30TH STREET
HIALEAH FL 33013

Name

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

800022884388

09/09/03--01067--013 **550.00

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 *Haiqua Vazquez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAZQUEZ, JUAN M
1030 EAST 30TH STREET
HIALEAH FL 33013 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VAZQUEZ, MARIELLA
1030 EAST 30TH STREET
HIALEAH FL 33013 ☐ Delete

TITLE
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CITY-ST-ZIP
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☐ 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:

Haiqua Vazquez SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 305-691-9093

Date

Daytime Phone #

CR2E034 (4/03)