FROM : FAX NO. :

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 90729 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005247 ✓

1. Entity Name: Geo Polishing Exotic Look, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5530 State Rd 7	5616 Polk st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Hollywood, FL
Zip: 33314 Country	Zip: 33021 Country

DO NOT WRITE IN THIS SPACE

6. FEI Number: 65-0462692 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Train Hodut

Street Address (P.O. Box Number is Not Acceptable): 5616 Polk St

City: Hollywood FL Zip Code: 33021

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]

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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00. After May 1, Fee is $550.00. Amended UBR is $61.25. 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	President	TITLE	
NAME	Train Hodut	NAME	
STREET ADDRESS	SAA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V. President	TITLE	
NAME	Constanta Hodut	NAME	
STREET ADDRESS	5616 Polk st Hollywood, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   DAYTIME PHONE #