

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000043715**

1. Entity Name

POLO OFFICE FURNITURE MFG CO., INC.**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90006 005 ***150.00

Principal Place of Business

Mailing Address

**3698 1/2 N.W. 16 STREET
SUITE A
FT. LAUDERDALE FL 33311****918 N.W. 130TH TERRACE
SUNRISE FL 33325-1348**

2. Principal Place of Business

SAME

3. Mailing Address

3698 1/2 NW 16 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

LAUDERHILL, FL

4. FEI Number

65-0587693

Applied For

Not Applicable

Zip

Country

Zip

Country

33311**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****MUNESHWAR, MIGUEL C
918 N.W. 130TH TERRACE
SUNRISE FL 33325**

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.

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, 2000 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MUNESHWAR, MIGUEL C 918 N.W. 130TH TERRACE SUNRISE FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **S. Muneshwar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Savitrie Muneshwar

Date

2/17/00 954-327-8283

Daytime Phone #

CR2E034 (9/99)