

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 039 ***150.00

DOCUMENT # **P 95000043715**

1. Entity Name

POLO OFFICE FURNITURE MFG CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Broward County, FL

3. Mailing Address

3698 1/2 NW 16th Street

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State
Lauderhill, Florida

City & State
Lauderhill, Florida

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0587693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP | President Miguel Muneshwar 918 NW 130th Terr. Sunrise, FL 33325 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V. President Savitrie Muneshwar 918 NW 130th Terr. Sunrise, FL 33325 |
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Savitrie Muneshwar

4-15-02 954-327-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)