

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090125

1. Entity Name

POLARIN U.S.A., INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90168 006 \*\*\*150.00

Principal Place of Business

3724 VISTA WAY  
WESTON FL 33331

Mailing Address

3724 VISTA WAY  
WESTON FL 33326-2354

2. Principal Place of Business

7335 NW 90th AVE

Suite, Apt. #, etc.

3. Mailing Address

7335 NW 90th AVE

Suite, Apt. #, etc.

City & State

OCALA - FLORIDA

City & State

OCALA - FLORIDA

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

65-0620591

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEKER, CARLOS  
3724 VISTA WAY  
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

CARLOS CHEKER

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

7335 NW 90th AVE.

City

OCALA

FL

Zip Code

34482

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

TITLE PD  
NAME CHEKER, CARLOS ☐ Delete  
STREET ADDRESS 3724 VISTA WAY  
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 7335 NW 90th AVE  
CITY-ST-ZIP OCALA, FL. 34482

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS CHEKER

Date

4/10/2000

Daytime Phone #

(352) 671-3035

CR2E034 (9/99)