

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90154 038 \*\*\*150.00

**DOCUMENT # P96000043653**1. Entity Name  
**POLARIS (USA), INC.**

Principal Place of Business

**200 S. BISCAYNE BLVD  
SUITE 4750  
MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD  
SUITE 4750  
MIAMI FL 33131-2303**2. Principal Place of Business  
**LEONARD BLOOM**

3. Mailing Address

Suite, Apt. #, etc.  
**201 S. Biscayne Blvd Ste 3000**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City &amp; State

Zip **33131** Country **U.S.A.**

Zip Country

4. FEI Number **65-0667351**Applied For  
Not Applicable5. 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****BLOOM, LEONARD H  
1ST UNION FINANCIAL CENTER  
200 S BISCAYNE BLVD SUITE #4750  
MIAMI FL 33131**Name **LEONARD BLOOM**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd Ste 3000**  
City **MIAMI** FL Zip Code **33131**

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**TITLE **PD** ☐ Delete  
NAME **MATOS, JOSE G**  
STREET ADDRESS **505 PARK AVENUE, 9TH FL**  
CITY-ST-ZIP **NEW YORK NY 10022**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **BERKE, HOWARD**  
STREET ADDRESS **505 PARK AVENUE, 9TH FL**  
CITY-ST-ZIP **NEW YORK NY 10022**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (9/99)