

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-31-2000 90099 001 ***150.00

DOCUMENT # P96000068486

1. Entity Name

POLYUMAC INC.

Principal Place of Business

3580 N.W. 49 ST.
MIAMI FL 33142
US

Mailing Address

3580 N.W. 49 ST.
MIAMI FL 33013-3520
US

2. Principal Place of Business

1060 E 30th St.

Suite, Apt. #, etc.

3. Mailing Address

1060 E 30th St.

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

Country

Zip

Country

4. FEI Number

65-0688530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, RADIELRA
2425 SW 128 AVE.
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name **GUSTAVO SCARRONE**
Street Address (P.O. Box Number is Not Acceptable)
1060 E 30th STREET

City **HALEAH** FL Zip Code **33013**

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 **PVST** ☐ Delete
NAME **VAZDIEZ, MARIELLA**
STREET ADDRESS **3580 NW 49TH ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **VAZQUEZ, MARIELLA**
STREET ADDRESS **3580 NW 49TH SC.**
CITY-ST-ZIP **MIAMI FL 33142**

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **SCARRONE, GUSTAVO**
STREET ADDRESS **1060 E 30th St.**
CITY-ST-ZIP **HALEAH, FL 33013**

TITLE **D** ☒ Change ☐ Addition
NAME **SCARRONE, GUSTAVO**
STREET ADDRESS **1060 E 30th St.**
CITY-ST-ZIP **HALEAH, FL 33013**

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)