2002 UNIFORM BUSINESS REPORT (UBR)

SUITE 7 PLANTATION R. 2017 PLANT	Principal Plac	e of Business	3	Mailing Address								
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S. Certification of Status Desiring 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FI. 33134 City FL Zip Code City City City FL Zip Code City City City City City City City City FL Zip Code City Ci	City & Stat	e		City & State			4 . F	4. FEI Number 65-0713865				3
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AMERILAWYER CHARTERED 343 ALMERIA A/ENUE CORAL GABLES FL 33134 City FL Zip Code		6. Name	and Address of Curren	t Registered Agent	gistered Agent			Name and Address of New R	egistere	d Agent		
AMÉRILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Code						Name			·	·		7-
COÑAL GABLES FL 33134 City FL Zip Code	AMERILA	WYER CHA			Street Address			(P.O. Box Number is Not Acceptable)				
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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRRET ADDRESS CITY-S1-2P PLANTATION FL 33317 TITLE NAME STREET ADDRESS CITY-S1-2P Delete TITLE NAME STREET ADDRESS CITY-S1-2P DELET ADD												1
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DOCUMENT #

POLARIS MEMORY, INC.

1. Entity Name

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