

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000007454**

1. Entity Name

**POLYMARK USA, INC.****FILED****Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90026 046 \*\*\*150.00

Principal Place of Business

7040 LAKE ELLENOR DR  
#108  
ORLANDO FL 32809  
US

Mailing Address

7040 LAKE ELLENOR DR  
#108  
ORLANDO FL 32809-5764  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3491610**

Applied For

Not Applicable

5. 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

**PASSOS, VALDEMIR C**  
**14275 LORD BARCLAY DRIVE**  
**ORLANDO FL 32861**

Name

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

City

**FL**

Zip Code

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	VP	<input type="checkbox"/> Delete
NAME	RAPOSO, PAULO S	
STREET ADDRESS	14275 LORD BARCLAY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	PASSOS, VALDEMIR C	
STREET ADDRESS	14275 LORD BARKLEY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOUSA, EMIDIO	
STREET ADDRESS	7849 BRIDGESTON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANES, ERALDO	
STREET ADDRESS	14631 OTAWA AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUIER, EMIL G	
STREET ADDRESS	2939 EVERGREEN AVE	
CITY-ST-ZIP	OCEANSIDE NY 11572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5145 BELLTHORN DR	
CITY-ST-ZIP	ORLANDO, FL 32837-4717	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5145 BELLTHORN DR	
CITY-ST-ZIP	ORLANDO, FL 32837-4717	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEORGUEV, EMIL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Valdemir C. Passos***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/4/00**Daytime Phone # **(407)888-5733**

CR 12014 '9/99