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

SIGNATURE!

DOCUMENT # P9700007582  1. Entity Name							FILED Feb 22, 2000 8:00 am				
POLYFLI	URO, INC.						Secr	<b>etary</b>	of St	tate	
Principal Plac	Mailing Address				02 22	2000 70032	055 1	70.00			
2162 HENLEY PL WELLINGTON FL 33414 US			2162 HENLEY PL WELLINGTON FL 33414-7768 US				A ARDHUBA NA TRAKATOR	1 <b>40</b> 211 <b>40</b> 111 <b>40</b> 211 <b>23</b> 1	II <b>eu</b> iki i <b>tud</b> i <b>a</b> ik	<b>8</b> 1 (8)(8 (78) 18 <b>8</b> )	
2. Principal Place of Business 46 SOMEWSET TERRACE			3. Mailing Address 46 SOMERSET TERPALE								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
PALM MEACH GAROEUS FL		PALM BEACH GARDENS FL		4. FE	I Number 65-(	723809		Applied For Not Applicable			
<sup>Zjp</sup> 334	Countr	US/	33418	Counti	ŠA.	<b>5.</b> Ce	ertificate of Status I	Desired	\$8.75 Fee Req	Additional uired	
6. Name and Address of Current Re						7. Na	7. Name and Address of New Registered Agent				
FRIEDMAN, STEVEN					Name Street Address	(dress (P.O. Box Number is Not Acceptable)					
	ERMUDA LAKE DRI M BEACH GARDENS		City								
								Zip (	Code		
8. The above	named entity submits	this statement for	the purpose of changing its	registere	d office or regis	tered ager	nt, or both, in the S				
SIGNATURE.	Signature, typed or printed nar	me of registered agent an	nd title if applicable. (NOTI	E: Registered	Agent signature requi	ired when reins	stating)	DA	TE	<u> </u>	
Tax filing r	oration is eligible to sat equirement and elects ria on back)	•	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Cam Trust Fund Co	. •		5.00 May Be ided to Fees	
11.		OFFICERS AND D		12.	· · · · · · · · · · · · · · · · · · ·	ADD	ITIONS/CHANGES	TO OFFICERS /			
NAME STREET ADDRESS CITY-ST-ZIP	P SAYRE, ROBERT 2162 HENLEY PL	00444	☐ Delete		t address St-zip	46 -	SOMERGE M BEALL	TEKI	UChan RACE ENS	. –	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELLINGTON FL VP IRVING FRIEDMAN 2800 SELKIRK RD	\ \ \	☐ Delete	TITLE NAME STREE			Irving	Z. Friedma yan Isle Dr	n ⊠ <sup>Chan</sup> ive	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEACHWOOD OF S STEVEN FRIEDMA 24 BERMUDA LAF PALM BCH GDNS	AN KE DR	☐ Delete	TITLE	T ADDRESS	.,,,			☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>\</b>		☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS				☐ Chan	ge 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				Chan	ge 🔲 Addition	
indicated of the cor	on this report or suppli poration or the receive	lemental report is t r or trustee empov	this filing does not qualify for true and accurate and that re wered to execute this report ith all other like empowered.	my signatu : as require	ire shall have th	e same le	gal effect as if mad	le under oath; tha	at I am an offi	icer or director	