## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P97000019645** 1. Entity Name POLOIVE ENTERPRISES CORP. 04-24-2001 90278 018 \*\*\*150.00 Principal Place of Business Mailing Address 11472 SW 41ST STREET 11472 SW 41ST STREET MIAMI FL 33165 **MIAMI FL 33165** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0737084 Not Applicable Zip Country Country \$8.75 Additional. 5. Certificate of Status Desired --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACEDO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 9745 MILLER DR **MIAMI FL 33165** Zip Code FL urpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this state nent for the b SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition □ Delete TITLE NAME **GUERRERO, OSIRIS** NAME STREET ADDRESS 11472 SW 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Addition TITLE EVPD ☐ Delete ☐ Change NAME AQUINO, OLGA P NAME STREET ADDRESS 11472 SW 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Delete TITLE ☐ Change Addition TITLE NAME GUERRERO, OLGA M NAME STREET ADDRESS **11472 SW 41ST STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Delete TITLE ☐ Change ☐ Addition TITLE NAME GUERRERO, ANA I NAME STREET ADDRESS **11472 SW 41ST STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **MIAM! FL 33165** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementation in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation of the corporation or the receiver of the corporation of the corpora Apper 607, HOHER DISON (305) changed, or on an attachment 21212

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR