

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90330 033 ***150.00

DOCUMENT # **P97000077191**
1. Entity Name
POLUS CORP.

DO NOT WRITE IN THIS SPACE

B0053818

2. Principal Place of Business
9749 NW 45LN
3. Mailing Address
9749 NW 45LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL **MIAMI, FL**
4. FIC Number
65-0779266
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Certificate of Status Desired **\$8.75** Additional Fee Required
7. Name and Address of Current Registered Agent
MARIA S. DOS SANTOS
Street Address (P.O. Box Number is not acceptable)
9749 NW 45 LN
MIAMI **FL** **33178**

**DO NOT WRITE
IN THIS SPACE**

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]** DATE **3/13/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P	NAME MARIA S. DOS SANTOS	TITLE	
STREET ADDRESS 9749 NW 45 LN		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33178		CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.
SIGNATURE: **[Signature]** Date: **3/13/02** Daytime Phone #: **305-717-0961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)