


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90132 039 \*\*\*150.00

**DOCUMENT # P97000077191**

1. Entity Name  
**POLU'S CORP.**



Principal Place of Business  
**9749 NW 45LN  
MIAMI FL 33178**

Mailing Address  
**9749 NW 45LN  
MIAMI FL 33178**

2. Principal Place of Business  
**10167 NW 43 TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**10167 NW 43 TERR**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI, FL**

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

4. FEI Number **65-0779266**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOS SANTOS, MARIA SUZETE**  
**9749 NW 45 LN**  
**MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name  
**DOS SANTOS MARIA SUZETE**

Street Address (P.O. Box Number is Not Acceptable)  
**10167 NW 43 TERR**

City  
**MIAMI**

FL

Zip Code  
**33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria Suzete* (NOTE: Registered Agent signature required when reinstating)

DATE **02/02/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DOS SANTOS, MARIA SUZETE 9804 COSTA DEL SOL BLVD MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DOS SANTOS, PEDRO INACIO RUA SIMOES MAGRO 155, PARQUE JABAQUARA SAO PAULA SP 04342100 BRAZIL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD DOS SANTOS, MARIA SUZETE 10167 NW 43 TERR MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Suzete* **REQUIRED** DATE **02/02/03** (305) 717-0961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)