

2000 UNIFORM BUSINESS REPORT (UBR)

018820

DOCUMENT # P97000087593

1. Entity Name

POLAKOFF BAIL BONDS, INC.

FILED

00 FEB 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1575 NW 14 ST
MIAMI FL 33125

1575 NW 14 ST
MIAMI FL 33125-2611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0796891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIBISCH, RUSSELL
1575 NW 14 ST
MIAMI FL 33125

Name

Charles Faibisch

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

1575 NW 14th St

City

Miami

FL

Zip Code

33125

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

2/16/00

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	PDS	<input checked="" type="checkbox"/> Delete
NAME	FAIBISCH, RUSSELL	
STREET ADDRESS	1575 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	PS	<input type="checkbox"/> Delete
NAME	Doug Abbott	
STREET ADDRESS	1575 NW 14th St	
CITY-ST-ZIP	Miami FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	Charles Faibisch	
STREET ADDRESS	1575 NW 14th Street	
CITY-ST-ZIP	Miami FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100003145231-0
-02/23/00--01099--014
****150.00 ****150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Faibisch

Date

2/16/00

Daytime Phone

305

3269996

CR2E034 (9/99)