

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90001 001 ***150.00

DOCUMENT # P98000076429

1. Entity Name

POLO TRAVEL, INCORPORATED

Principal Place of Business

Mailing Address

1091 S. HIAWASSEE RD., #222
ORLANDO FL 32835

1091 S. HIAWASSEE RD., #222
ORLANDO FL 32835-6261

80026450

2. Principal Place of Business

3. Mailing Address

2632 Robert T Jones DR.

2632 Robert T Jones DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

120

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32835

4. FEI Number

59-3529583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIM, JOO HYUNG

1091 S. HIAWASSEE RD., #222
ORLANDO FL 32835

Name

KIM, JOO HYUNG

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

2632 Robert T. Jones DR #120

City

ORLANDO

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P KIM, JOO HYUNG 1091 S. HIAWASSEE RD., #222 ORLANDO FL 32835 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

2-16-00

(407)

521-9142

CR2E034 (9/99)