

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000794

1. Entity Name

POLY TECHNOLOGIES, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90087 022 ***150.00

Principal Place of Business

Mailing Address

CHABEL TRAIL COMMERCE CENTER, CENTER II
JOHNSON STREET, UNIT 125
PINES FL 33029

CHABEL TRAIL COMMERCE CENTER, CENTER II
28911 JOHNSON STREET, UNIT 125
PEMBROKE PINES FL 33009-3108
508 BROW

2. Principal Place of Business

361 ANSIN BLVD.

Suite, Apt. #, etc.

B

City & State

HALLANDALE BEACH, FL.

Zip

33009-3108

Country

BROWARD

3. Mailing Address

361 ANSIN BLVD.

Suite, Apt. #, etc.

B

City & State

HALLANDALE BEACH, FL.

Zip

33009-3108

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0883590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, MYRON B ESQ
420 LINCOLN ROAD
SUITE 258
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

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 title 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FARR, WILLIAM J	
STREET ADDRESS	6106 S.W. 30TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

William J. Farr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000 954-457-7659

CR2E034 (9/99)