## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000004455 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name POLMART CO. 04-20-2000 90041 028 \*\*\*150.00 Principal Place of Business Mailing Address 106 S. FEDERAL HWY 106 S. FEDERAL HWY POMPANO BEACH FL 33062-5321 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address 106 S. FEDERAL HWY 106 S. FEDERAL HWY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State POMPANO BEACH. FLORIDA Not Applicable 65-0903696 POMPANO BEACH. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33062 33062 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROMAN TRYNDUS GOLEBIEWSKI, ZENON Street Address (P.O. Box Number is Not Acceptable) 101 SE 6TH AVE #3 POMPANO BEACH FL 33060 320 SE.11 th. AVE.#108 City POMPANO BEACH 33060 the purpose of changing its registered office or registered agents in the State of Florida. 8. The above SIGNATURE (NOTE: Registered Agent signature requir Signature, typed or printer FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change ☐ Addition TITLE PRESIDENT □ Delete TITLE NAME ZENON GOLEBIEWSKI NAME ROMAN TRYNDUS STREET ADDRESS STREET ADDRESS 101 SE. 6 th. AVE. # 3 320 SE.11 th. AVE. # 108 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH. FL 33060 POMPANO BEACH. FL 33060 Change Addition Delete TITLE NAME NAME M. PRESIDENT STREET ADDRESS STREET ADDRESS <u> 101\_SE.6\_th.AVE.\_#\_3=</u> CITY ST ZIP CITY-SI-71P POMPANOM BEACH. FL 33060 Delete Change ☐ Addition TITLE TITLE ZENON GOLEBIEWSKI NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/12/00

Daytime Phone #