## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P99000053988** POLAR VILLAGE CORPORATION 04-06-2000 90019 043 \*\*\*158.75 Principal Place of Business Mailing Address 5537 NW 90TH TERRACE 5537 NW 90TH TERRACE SUNRISE FL 33351-7774 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-09331 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARTHUR J. JAFFE, C.P.A. P.A. Street Address (P.O. Box Number is Not Acceptable) 3900 HOLLYWOOD BLVD, SUITE 302 HOLLYWOOD FL 33021 Zio Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition ☐ Delete TITLE GONZALEZ, GUILLERMO NAME NAME 5537 NW 90TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 Addition ☐ De'ete ☐ Change TITLE TITLE MANION, MICHAEL NAME NAME STREET ADDRESS 5284 NW 114TH AVE #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33178** DST ☐ Delete ☐ Change Addition TITLE DECKER, DENNIS NAME 2049 POLO GARDENS DR.#107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 131Y=ST-78 ☐ Delete TITLE ☐ Change ☐ Addition 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 impowered 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 TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALEZ-VICE PRESIDENT 3-30-00