

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 30, 2000 8:00 am
Secretary of State

05-05-2000 90004 020 ***150.00

DOCUMENT # P99000068308

1. Entity Name

POLANCO BUSINESS, CORP.

Principal Place of Business

1605 COLUMBIA ARMS #219
KISSIMMEE FL 34741

Mailing Address

1605 COLUMBIA ARMS #219
KISSIMMEE FL 34741-2839

2. Principal Place of Business

1605 COLUMBIA ARMS #219

3. Mailing Address

1605 COLUMBIA ARMS

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

219

City & State

Kissimmee, fl.

City & State

Kissimmee fl.

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-3590720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLANCO CHAHIN, KIRSTEN G
1605 COLUMBIA ARMS #219
KISSIMMEE FL 34741

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 DPTS
NAME POLANCO CHAHIN, KIRSTEN G
STREET ADDRESS 1605 COLUMBIA ARMS #219
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kirsten Georgina Polanco
Kirsten Georgina Polanco

4/27/00

(407) 847-2057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #