

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90175 019 ***150.00

DOCUMENT # V29209

1. Entity Name
AMERICAN POLO PROMOTIONS, INC.

Principal Place of Business

~~125 WORTH AVENUE~~
~~STE 202~~
 PALM BEACH FL 33480
 US

Mailing Address

~~125 WORTH AVENUE~~
~~STE 202~~
 PALM BEACH FL 33480
 US



2. Principal Place of Business
50 COCONUT ROW

3. Mailing Address
50 COCONUT ROW

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.
SUITE 220

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number **65-0323379**

Applied For
 Not Applicable

Zip **33480** Country **USA**

Zip **33480** Country **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMPELL, PAUL
~~125 WORTH AVENUE~~
~~STE 202~~
 PALM BEACH FL 33480

50 COCONUT ROW
Suite 220

7. Name and Address of New Registered Agent

Name **RAMPELL, PAUL**
 Street Address (P.O. Box Number is Not Acceptable)
50 COCONUT ROW, SUITE 220
 City **PALM BEACH FL 33480**

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]**

DATE **12 APR 2002**

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, 2002 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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	RAMPELL, PAUL
CITY-ST-ZIP	125 WORTH AVE - STE 202 - PALM BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50 COCONUT ROW, SUITE 220
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **[Signature]** **ORIGINAL REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12 APR 2002** Daytime Phone # **561 833-1116**

CR2E034 (9/01)