

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 003 ***150.00

DOCUMENT # **P00000073584**
1. Entity Name
Polo Corporation

DO NOT WRITE IN THIS SPACE

11041440

2. Principal Place of Business
3840 W. Hillsboro Blvd

3. Mailing Address
3840 W. Hillsboro Blvd.

Suite, Apt. #, etc.
223

Suite, Apt. #, etc.
223

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Bch, FL 33442

City & State
Deerfield Bch, FL 33442

4. FEI Number
65-1010558

Applied For
Not Applicable

Zip
33442

Country

Zip
33442

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARIA DA SILVA

Street Address (P.O. Box Number is Not Acceptable)
229 NW 36th AVE

City
Deerfield Bch.

FL Zip Code
33442

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 

MARIA DA SILVA

4/28/03

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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Sidnei Brasil Jr, President
229 NW 36th AVE.
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARIA DA SILVA, V.P.
229 NW 36th AVE.
Deerfield Bch, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)