2001 UNIFORM BUSINESS REPORT (UBR)

4/:

FILED
May 18, 2001 8:00 am
Secretary of State
04-10-2001 90105 049 ***150.00

45167

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000007935

1. Entity Name
YAMABISHI INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
~~10880 N.W. 27TH ST. BAY100~~ 11490 NW 39 St. #102 MIAMI FL ~~33172~~ 33178	~~10880 N.W. 27TH ST. BAY100~~ 11490 NW 39 St. MIAMI FL ~~33172~~ 33178

2. Principal Place of Business: 11490 N.W. 39 St.	3. Mailing Address: 11490 NW 39 St
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: U.S.A.

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, JULIO A 7255 S.W. 82 AVE. MIAMI FL 33143	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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JULIO A 7255 S.W. 82 AVE. MIAMI FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MARIA A 7255 S.W. 82 AVE. MIAMI FL 33143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Maria A. Gomez 4/6/01 305-463-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Form **SS-4**
(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN 45 1607

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
YAMABISHI INTERNATIONAL CORPORATION HP0000006 7935

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
11490 N.W. 39 ST. #102

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
MIAMI, FL 33178

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MIAMI-DADE FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
JULIO A. GOMEZ 262-19-9805

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☒ Sole proprietor (SSN) — ☐ Estate (SSN of decedent)
- ☐ Partnership — ☐ Personal service corp. — ☐ Plan administrator (SSN)
- ☐ REMIC — ☐ National Guard — ☒ Other corporation (specify) ▶ AIR COND. DISTRIBUTOR
- ☐ State/local government — ☐ Farmers' cooperative — ☐ Trust
- ☐ Church or church-controlled organization — ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) _____
- ☐ Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶ AIR COND. EQUIP DISTRIBUTOR
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
INCORPORATED 1/14/00 - INACTIVE

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ▶ WHOLESALE DISTRIBUTOR

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (305) 463-9998

Fax telephone number (include area code): (305) 463-9161

Name and title (Please type or print clearly.) ▶ MARIA A. GOMEZ CONTROLLER

Signature ▶ Maria A. Gomez Date ▶ 4/28/01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying