

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State

03-26-2001 90053 046 ***150.00

DOCUMENT # P00000034497

1. Entity Name
THE OLD YARD AT 137TH AVENUE, INC.

Principal Place of Business 6813 SW 81 ST. MIAMI FL 33143	Mailing Address 6813 SW 81 ST. MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. SUITE A		3. Mailing Address Suite, Apt. #, etc. SUITE A	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **SEE ATTACHED** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent LISTA, WALTER L 12961 DEVA ST. CORAL GABLES FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 _____ (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 PRESIDENT	NAME WALTER L. LISTA	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12961 DEVA ST.	CITY-ST-ZIP CORAL GABLES, FL 33156		STREET ADDRESS	CITY-ST-ZIP	
TITLE SECRETARY	NAME MARTA V. LISTA	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12961 DEVA STREET	CITY-ST-ZIP CORAL GABLES, FL 33156		STREET ADDRESS	CITY-ST-ZIP	
TITLE TREASURER	NAME ISABEL L. EDWARDS	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11450 SW 124 TERRACE	CITY-ST-ZIP MIAMI FL 33186		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: Walter L. Lista PRESIDENT 3/20/01 305 (665-7765)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

DOC. # 00000034497
Attachment 930454

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.)

EIN _____
OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
THE OLD YARD AT 137th AVENUE, INC

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.)
6813 SW 81 STREET SUITE A

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

4b City, state, and ZIP code
MIAMI FLORIDA 33143

5b City, state, and ZIP code _____

6 County and state where principal business is located
DADE COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
WALTER L. LISTA PRESIDENT

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) _____

Partnership _____

REMIC _____

State/local government _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Personal service corp. _____

National Guard _____

Farmers' cooperative _____

Federal government/military _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ **S CORP.**

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) ▶ _____

Changed type of organization (specify new type) ▶ **CORPORATION**

Purchased going business _____

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

Hired employees (Check the box and see line 12.) _____

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
5/24/00

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) ▶ **0 NONE**

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) ▶ **STORAGE**

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ▶ _____

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ _____ Business (wholesale) 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 ▶ **WALTER L. LISTA, INC** 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

3/1/83 MIAMI FLORIDA 59-200 4963

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.

Name and title (Please type or print clearly.) ▶ **WALTER L. LISTA, PRESIDENT**

Business telephone number (include area code) **(305) 665-7765**

Fax telephone number (include area code) **(305) 665-7765**

Signature ▶ *Walter L. Lista Pres.* Date ▶ **3/20/10**

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

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