

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90239 015 ***150.00

DOCUMENT # P98000073133

1. Entity Name

BRICKELL KEY ISLAND CITY VILLAGE MUNICIPALITY, I

Principal Place of Business

**540 BRICKELL KEY DRIVE
APT. 1009
MIAMI FL 33131**

Mailing Address

**540 BRICKELL KEY DRIVE
APT. 1009
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**POU, CHRISTINA
540 BRICKELL KEY DRIVE
APT. 1009
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	POU, CHRISTINA	
STREET ADDRESS	540 BRICKELL KEY DRIVE APT. 917	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☐ Delete
NAME	CHARLES, MARILYN	
STREET ADDRESS	540 BRICKELL KEY DRIVE APT. 1009	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

305
374-5940

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Attachment 46344 / #P98000073133**
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) BRICKELL KEY ISLAND CITY VILLAGE MUNICIPALITY 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.) 540 BRICKELL KEY DR #1009	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code MIAMI FL 33131	5b City, state, and ZIP code
	6 County and state where principal business is located DADE	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 022287853 MARILYN CHARLES	

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 | ☐ Plan administrator (SSN) |
| ☐ REMIC | ☐ Other corporation (specify) ► |
| ☐ State/local government | ☐ Trust |
| ☐ Church or church-controlled organization | ☐ Federal government/military |
| ☐ Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| ☒ Other (specify) ► CORPORATION | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

FL

Foreign country

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

10 Date business started or acquired (month, day, year) (see instructions)
INACTIVE11 Closing month of accounting year (see instructions)
N/A12 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

14 Principal activity (see instructions) ► **BUSINESS SERVICES**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.

☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A17a 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) 374-5940Fax telephone number (include area code)
(305) 373 4938Name and title (Please type or print clearly.) ► **MARILYN CHARLES, V PRES**Signature ► **[Signature]** Date ► **5/15/01**

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

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying