

5/16

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90254 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086561
1. Entity Name
NLT-Com Products, Inc.

Principal Place of Business: 5205 NW 161 St, Miami, FL 33014
Mailing Address: P.O. Box 5200, Miami, FL 33014

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 5205 NW 161 St, Suite, Apt. #, etc.

City & State: Miami, FL
Zip: 33014

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
Mijaks, Michael J.
5205 NW 161 St.
Miami, FL 33014

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D Mijaks, Michael J 5205 NW 161 St. Miami, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ H-30-D1 305-620-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (1/1/00)

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) NCT-COM PRODUCTS	
	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.) 5205 NW 101 ST	
	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code MIAMI, FL 33014	5b City, state, and ZIP code
	6 County and state where principal business is located Dade FL	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ 264-33-3453 Michael J Mijares	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Personal service corp. |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> State/local government | <input checked="" type="checkbox"/> Other corporation (specify) ▶ S CORP |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ▶ _____ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FL** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) _____ 11 Closing month of accounting year (see instructions) **12/31**

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) _____

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) ▶ **Holding CO.**

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) N/A
 Public (retail) Other (specify) ▶ _____

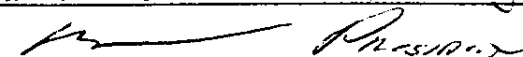
17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

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.

Name and title (Please type or print clearly.) ▶ Michael J Mijares President	Business telephone number (include area code) () _____
	Fax telephone number (include area code) () _____

Signature ▶  Date ▶ **6-20-01**

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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