

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/21

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90183 003 \*\*\*150.00

**DOCUMENT # P99000096650**

1. Entity Name  
**GLACER INC.**

Principal Place of Business      Mailing Address  
**901 PONCE DE LEON BLVD.**      **901 PONCE DE LEON BLVD.**  
**SUITE 305**      **SUITE 305**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>APPLIED FOR</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>ALEMANY, JOAQUIN A</b> <b>901 PONCE DE LEON BLVD.</b> <b>SUITE 305</b> <b>CORAL GABLES FL 33134</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUROHR, LAURA</b> <b>901 PONCE DE LEON BLVD. SUITE 305</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUROHR, ERNESTO</b> <b>901 PONCE DE LEON BLVD. SUITE 305</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUROHR, GRETEL</b> <b>901 PONCE DE LEON BLVD. SUITE 305</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEUROHR, CARLA</b> <b>901 PONCE DE LEON BLVD. SUITE 305</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Laura Neurohr      04/27/01      (305) 442-1755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**LAURA NEURHOR**

CR2E034 (10/00)

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.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

HP990000 96650

**1** Name of applicant (legal name) (see instructions)  
GLACER INC

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

**3** Executor, trustee, "care of" name  
COLE OF J.A. NEUMALY ESQ

**4a** Mailing address (street address) (room, apt., or suite no.)  
901 PINE DE LEDO BLVD #305

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

**4b** City, state, and ZIP code  
CORAL GABLES

**5b** City, state, and ZIP code  
same

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

**7** Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶  
LAURA NEUROHC

**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"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ <u>INVESTMENT</u>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

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

State <u>FLORIDA</u>	Foreign country <u>NA</u>
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**9** Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>ESTATE INVESTMENT</u>	<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)  
INCORPORATED NOVEMBER 3, 1999

**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) ▶ NA - 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 <input checked="" type="checkbox"/>	Agricultural <input checked="" type="checkbox"/>	Household <input checked="" type="checkbox"/>
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**14** Principal activity (see instructions) ▶ INVESTMENT IN REAL ESTATE

**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.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> NA
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**17a** Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.  Yes  No

**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 ▶ NA Trade name ▶ NA

**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) <u>NA</u>	City and state where filed <u>NA</u>	Previous EIN <u>NA</u>
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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.) ▶ LAURA NEUROHC

Business telephone number (include area code)  
(305) 442-1755

Fax telephone number (include area code)  
(305) 442-8405

Signature ▶ [Signature] Date ▶ 6/13/01

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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