

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90014 037 ***150.00

DOCUMENT # P01000069156

1. Entity Name
ACEITUNO & ESTIPIA CORPORATION

Principal Place of Business
13920 LANDSTAR BLVD
ORLANDO FL 32824

Mailing Address
13920 LANDSTAR BLVD
ORLANDO FL 32824

952613



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number
59.372 9507.

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, IVAN A
9753 S ORANGE BLOSSOM TRAIL STE 209
ORLANDO FL 32837

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 reinstating)

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, 2002 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	DPT ACEITUNO, CARLOS J 14200 BOCA KEY DR. ORLANDO FL 32824	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ESTIPIA, LUZ J 14200 BOCA KEY DR. ORLANDO FL 32824	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # 952613
0010000309156

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: **59-3729507**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) ACEITUND & ESTIPIA CORPORATION	
	2 Trade name of business (if different from name on line 1) d/b/a DOLLAR STAR	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 13920 LANDSTAR BLVD	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code ORLANDO, FL 32824	5b City, state, and ZIP code
	6 County and state where principal business is located ORANGE - FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► 595-73-2935 CARLOS J. ACEITUND	

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) ► RETAIL |
| ☐ State/local government | ☐ 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) ► **RETAIL CORPORATION**
☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ►
☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
JUNE 25TH, 2001

11 Closing month of accounting year (see instructions)
JUNE

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)

14 Principal activity (see instructions) ► **RETAIL STORE OF DOLLAR PRODUCTS**

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 ► 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)

(407) 854-8478

Fax telephone number (include area code)

(407) 251-0669

Name and title (Please type or print clearly.) ► **CARLOS J. ACEITUND/PRESIDENT**

Signature ►

Date ►

7/10/01

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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