

4/17/2002-90027-005-\$50.00-\$50.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000013136**

1. Entity Name

MACH INVESTMENTS, LLC

Principal Place of Business

**283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134**

Mailing Address

**283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE 2ND FLOOR
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MGR RASCO, RAMON E 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES FL 33134	☐
MGR ESQUENAZI, SALOMON B 283 CATALONIA AVENUE 2ND FLOOR CORAL GABLES FL 33134	☐
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

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Mach Investments, LLC

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

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
283 Catalonia Ave, 2nd Floor

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Coral Gables, Florida 33134

5b City, state, and ZIP code

6 County and state where principal business is located

Miami-Dade County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee

Ramon E. Rasco, Manager

7b SSN, ITIN, or EIN

265-13-5666

8a Type of entity (check only one box)

☒ Sole proprietor (SSN) 59-2621-6041☐ Partnership☐ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

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

State

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶Investments☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

October 26, 2000

11 Closing month of accounting year

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)

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."

Agricultural

Household

Other

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Health care & social assistance☐ Wholesale-agent/broker☐ Real estate☐ Manufacturing☐ Finance & insurance☐ Accommodation & food service☐ Wholesale-other☐ Retail☒ Other (specify) Investments15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Investments

16a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 16b and 16c.

☐ Yes☒ No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c 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

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name Desiree M. CuasonAddress and ZIP code Rasco Reininger Perez & Esquenazi, P.L.283 Catalonia Ave, 2nd Floor, Coral Gables, FL 33134

Designee's telephone number (include area code)

(305) 476-7100

Designee's fax number (include area code)

(305) 476-7102

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 (type or print clearly) ▶ Ramon E. Rasco, MANAGER

Signature ▶

Date ▶

5/20/02

Applicant's telephone number (include area code)

(305) 476-7100

Applicant's fax number (include area code)

(305) 476-7102

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)