

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90409 034 *****50.00

DOCUMENT # L02000024270

1. Entity Name

FIRST WORLD TOURNAMENTS ASSOCIATION, L.L.C.

MANAGEMENT, LLC



Principal Place of Business

**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

Mailing Address

**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

2. Principal Place of Business

21205 NE 37th AVE

3. Mailing Address

21205 NE 37th AVE

Suite, Apt. #, etc.

Suite 2106

Suite, Apt. #, etc.

Suite 2106

City & State

AVENTURA - FL

City & State

AVENTURA - FL

Zip

33180

Country

USA

Zip

33180

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0572497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ.
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **ALFREDO EDUARDO KIERZ**
CITY-ST-ZIP **21205 NE 37th AVE
AVENTURA - FL - 33180**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **SIMON ABEL DROLL**
CITY-ST-ZIP **3370 Hidden Bay Drive (NE 191st)
AVENTURA - FL - 33180**

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

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

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

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

11. 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 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

ALFREDO EDUARDO KIERZ

4/16/03

305-935-6861

CR2E083 (10/02)

0022567

Attachment # 10 30058617 2000024270

Form **SS-4**

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **82-0572497**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) FIRSTWORLD TOURNAMENTS ASSOCIATION, LLC	
2 Trade name of business (if different from name on line 1) 1 WTA	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 21205 YACHT CLUB DRIVE APT #2106	5a Business address (if different from address on lines 4a and 4b) 21205 YACHT CLUB DRIVE #2106
4b City, state, and ZIP code VENTURA, FL 33180	5b City, state, and ZIP code VENTURA, FL 33180
6 County and state where principal business is located DADE FL	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 096-70-9163 ALFREDO EDUARDO LERES	

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 checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► new business	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<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) December
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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 <input checked="" type="checkbox"/>	Agricultural <input type="checkbox"/>	Household <input type="checkbox"/>
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14 Principal activity (see instructions) ► **PROMOTION AND ADMINISTRATION OF TOURNAMENTS**

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/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 ► **EDDY & JACK, CORP** 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
30 0071891

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) 305-935-6861
	Fax telephone number (include area code) 305-935-6861

Name and title (Please type or print clearly.) ►

Signature ► Date ►

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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