

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90197 022 \*\*\*150.00

**DOCUMENT # 645794**

1. Entity Name  
**EXCOSAN, INC.**

Principal Place of Business  
**7232 N.W. 79TH TERRACE**  
**MIAMI FL 33166**

Mailing Address  
**7232 N.W. 79TH TERRACE**  
**MIAMI FL 33166**

**39838**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGNES, GABRIEL DIAZ (ESQUIRE)**  
**45 S.W. 36TH CT.**  
**MIAMI FL 33135**

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

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 \$850.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
NAME **AULET, JORGE V.**  
STREET ADDRESS **7810 S.W. 29 ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete  
NAME **AULET, ISABEL M.**  
STREET ADDRESS **7810 S.W. 29 ST.**  
CITY-ST-ZIP **MIAMI FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 (4/02)

Attachment # 645794

## Excosan, inc.

7232 N.W. 79th TERRACE, MIAMI, FLORIDA 33166  
PHONE (305) 884-6165 - FAX (305) 884-4520  
E-MAIL: excomiami@aol.com  
" ESTABLISHED 1979 "

WE EXPORT:

39838

CASE • POCLAIN • STEIGER • D. BROWN  
NAVISTAR • INTERNATIONAL HARVESTER  
GALION • CUMMINS • KOMATSU • H&L TOOTH  
BUCYRUS BLADES • DRESSER • FLEETGUARD

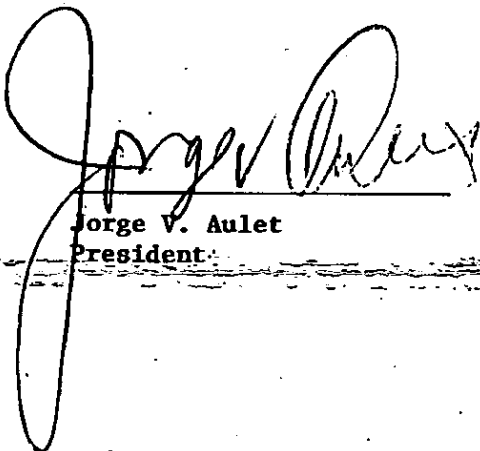
Miami, July 9th, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

This is to inform that Excosan Inc. did not receive the 2002 Uniform Business Report requested fee of \$150.00.

We kindly request that the \$400.00 remaining be credited properly.

Sincerely,



Jorge V. Aulet  
President

JA/jr

**Excosan, inc.**

7232 N.W. 79th TERRACE, MIAMI, FLORIDA 33166  
PHONE (305) 884-6165 - FAX (305) 884-4520  
E-MAIL: excomiami@aol.com  
" ESTABLISHED 1979 "

Attachments

#645794

39838

**WE EXPORT:**

CASE • POCLAIN • STEIGER • D. BROWN  
NAVISTAR • INTERNATIONAL HARVESTER  
GALION • CUMMINS • KOMATSU • H&L TOOTH  
BUCYRUS BLADES • DRESSER • FLEETGUARD

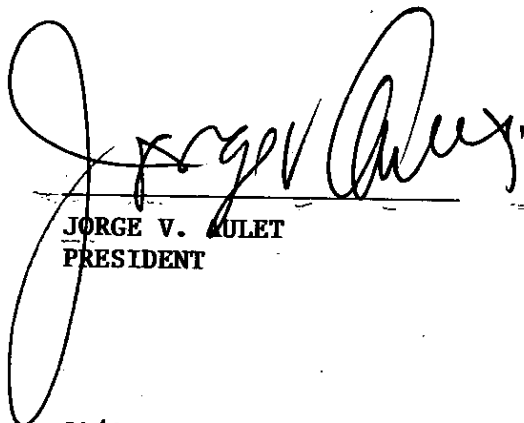
Miami, July 24th, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

**ANNUAL REPORTS SECTION**

Enclosed is a photocopy of the FEI number application as requested in your letter of July 17, 2002, in order to complete our Annual Report/  
Uniform Business Report filing.

Sincerely,



JORGE V. AULET  
PRESIDENT

JA/jr

04/05/02 EXCOSA

## U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form 1120

Department of the Treasury  
Internal Revenue Service

For calendar year 2000 or tax year beginning 10/01, 2000, end. 09/30, 2001

Instructions are separate. See instructions for Paperwork Reduction Act Notice.

2000

## A Check if a:

- 1 Consolidated return (attach Form 851) ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (as defined in Temp. Regs. sec. 1.441-4T -- see inst.) ☐

Use IRS label. Otherwise, print or type.

Name No., street, and room or suite no. City/town, state, and ZIP code

EXCOSA, INC  
7232 NW 79 TERRACE  
MIAMI FL 33166

B Employer identification no.

59-1952389

C Date incorporated

10/20/79

D Total assets (see instructions)

195,966

E Check applicable boxes: (1) Initial return (2) Final return (3) Change of address

1a	Gross receipts/sales	1,664,875	b	Less returns and allowances	7,094	c Bal	1c	1,657,781
2	Cost of goods sold (Schedule A, line 8)						2	1,509,608
3	Gross profit. Subtract line 2 from line 1c						3	148,173
4	Dividends (Schedule C, line 19)						4	
5	Interest						5	426
6	Gross rents						6	
7	Gross royalties						7	
8	Capital gain net income (attach Schedule D (Form 1120))						8	
9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)						9	
10	Other income (see instructions -- attach schedule)						10	8,693
11	Total income. Add lines 3 through 10						11	157,292
12	Compensation of officers (Schedule E, line 4)						12	
13	Salaries and wages (less employment credits)						13	175,211
14	Repairs and maintenance						14	1,775
15	Bad debts						15	5,630
16	Rents						16	18,000
17	Taxes and licenses						17	17,865
18	Interest						18	
19	Charitable contributions (see instructions for 10% limitation)						19	
20	Depreciation (attach Form 4562)		20				20	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a				21b	
22	Depletion						22	
23	Advertising						23	
24	Pension, profit-sharing, etc., plans						24	
25	Employee benefit programs						25	
26	Other deductions (attach schedule)						26	114,172
27	Total deductions. Add lines 12 through 26						27	332,653
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						28	-175,361
29	Less: a Net operating loss (NOL) deduction (see instructions)		29a	49,982			29b	
	b Special deductions (Schedule C, line 20)		29b				29c	49,982
30	Taxable income. Subtract line 29c from line 28						30	-225,343
31	Total tax (Schedule J, line 11)						31	0
32	Payments: a 1999 overpayment credited to 2000	32a						
	b 2000 estimated tax payments	32b						
	c Less 2000 refund applied for on Form 4466	32c						
	e Tax deposited with Form 7004		d Bal	32d				
	f Credit for tax paid on undistributed capital gains (attach Form 2439)			32e				
	g Credit for Federal tax on fuels (attach Form 4136). See instructions			32f				
				32g			32h	
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached						33	
34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34	0
35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35	
36	Enter amount of line 35 you want: Credited to 2001 estimated tax						36	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

Paid

Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Marcos A. Guerra, CPA, P.A.  
3663 SW 8 Street # 210  
Miami, FL 33135-4133

EIN 59-2839037

Phone no.

305-447-1426



Florida Corporate Income/ Franchise and  
Emergency Excise Tax Return

AW00 NTF9  
F-1120  
R. 01/01  
PAGE 1

For calendar year 2000 or tax year beginning 10/01, 2000 ending 09/30/2001

816902001093000020050370359195238900002

Name EXCOSAN, INC

FEIN 59-1952389

Address

Address 7232 NW 79 TERRACE

City/State/Zip MIAMI FL 33166

04/05/02 EXCOSA

☐ Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income. (see instructions). Attach pages 1-4 of Federal Return ... Check here if negative X -225343.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative \_\_\_\_\_
3. Additions to federal taxable income (from Schedule I) ..... Check here if negative \_\_\_\_\_ 49982.00
4. Total of Lines 1 through 3 ..... Check here if negative X -175361.00
5. Subtractions from federal taxable income (from Schedule II) ..... Check here if negative \_\_\_\_\_ 49982.00
6. Adjusted federal income (Line 4 minus Line 5) ..... Check here if negative X -225343.00
7. Florida portion of adjusted federal income (see instructions) ..... Check here if negative X -225343.00
8. Non-business income allocated to Florida (see instructions) ..... Check here if negative \_\_\_\_\_ 00
9. Florida Exemption ..... \_\_\_\_\_
10. Florida net income (Line 7 plus Line 8 minus Line 9) ..... -225343.00
11. Tax due: 5.5% of Line 10 or amount from Line 11, Schedule VI, whichever is greater (see instructions for Schedule VI) ..... \_\_\_\_\_
12. Credits against the tax from Line 16, Schedule V ..... \_\_\_\_\_
13. Emergency excise tax due (from Schedule A, Line 20) ..... \_\_\_\_\_
14. Total corporate income/franchise and emergency excise tax due (see instructions) .. 00
15. a) Penalty: F-2220 \_\_\_\_\_ b) Other \_\_\_\_\_  
c) Interest: F-2220 \_\_\_\_\_ d) Other \_\_\_\_\_  
Line 15 Total ► \_\_\_\_\_
16. Total of Lines 14 and 15 ..... \_\_\_\_\_
17. Payment credits: Estimated tax payments 17a \$ \_\_\_\_\_  
Tentative tax payment 17b \$ \_\_\_\_\_
18. Total amount due or overpayment (Line 16 minus Line 17) .....  
☐ Check here if you transmitted funds electronically
19. Credit: Enter amount of overpayment credited to next year's estimated tax. ....
20. Refund: Enter amount of overpayment to be refunded .....

0 FL11201 NTF 33024 Copyright 2000 Greetland/Nelco LP - Forms Software Only

Copyright Accountware, Inc., Cincinnati, Ohio 2000

AW00 NTF9  
F-1120P  
R. 01/01

Payment Coupon

Do Not Detach

YEAR ENDING 09/30/2001

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return Is Due 1st Day of the 4th Month After Close of the Taxable Year

Enter name, address, and FEIN below, if not pre-addressed:

Check here if you transmitted funds electronically ► ☐

Name EXCOSAN, INC

59-1952389

Check here if you do not want the Department to send you a form next year. (\*see page 2) ► ☐

Address

FEIN

Address 7232 NW 79 TERRACE

City/State/Zip MIAMI FL 33166

591952389	4998200	0	0
20001001	4998200	0	0
20010930	-22534300	0	0
00000000	.000000	0	0
001	4998200	0	27532500
000	0	0	0
-22534300	0	0	0
0	0	0	0

8169 0 20010930 0002005037 0 3591952389 0000 2

Attachment

#645794 / 39838

AW00 NTE9  
FL F-1120  
R. 01/01  
PAGE 2

FEIN 59-1952389

04/05/02 EXCOSA EXCOSAN, INC

This Return is Deemed Incomplete Unless a Copy of the Federal Return is Attached.

A return that is not signed, or improperly signed and verified, will be subject to the failure to file return penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Officer (Must be an original signature.)	Date	Title	
	Preparer's Signature <i>Marcos A. Guerra</i>	Date 04/05/02	Preparer check if self-employed <input type="checkbox"/>	Preparer's social security number or PTIN
Paid Preparer's Only	Firm's name (or yours if self-employed) and address	FEIN 59-2839037		
	Marcos A. Guerra, CPA, P.A. 3663 SW 8 Street # 210 Miami, FL	ZIP Code 33135-4133		

All Taxpayers Are Required to Answer Questions A Through M Below as Appropriate — See Instructions

- A. State of Incorporation: \_\_\_\_\_ H-1. Corporation is a member of a controlled group? YES ☐ NO ☐ If yes, attach list: \_\_\_\_\_
- B. Florida Secretary of State Document Number: \_\_\_\_\_ Parent Corp.: \_\_\_\_\_ FEIN: \_\_\_\_\_
- C. Florida Consolidated Return? YES ☐ NO ☐ H-2. Part of a federal consolidated return? YES ☐ NO ☒
- D. ☐ Initial Return ☐ Final Return (final federal return filed) H-3. The federal common parent has sales, property or payroll in FL? YES ☐ NO ☐
- E. Taxpayer election § 220.03(5), F.S. ☐ General Rule ☐ Election A ☐ Election B H-4. Corporation is qualified subchapter S subsidiary for this tax year? Yes ☐ No ☐
- F. North American Industry Classification System (NAICS) code (as pertains to Florida) \_\_\_\_\_ If yes, attach schedule identifying S corp. parent and the effective date of election.
- What business activity does your organization primarily conduct? \_\_\_\_\_ I. Location of corporate books: \_\_\_\_\_
- G. A Florida extension of time was timely filed? YES ☐ NO ☐ If yes, attach copy of Florida Form F-7004. J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☐
- K. Intangible Tax Notice: ☐
- L. Contact person and telephone for questions concerning this return: \_\_\_\_\_
- M. Type of federal return filed ☒ 1120, ☐ 1120A, ☐ 1120S, or \_\_\_\_\_

- ✓ 1. Have you signed your check and your return?
- ✓ 2. Have you attached your federal return and federal Form 4562 (Depreciation and Amortization Schedule)?
- ✓ 3. AMT filers — Have you attached your federal Form 4626 (Alternative Minimum Tax—Corporations)?
- ✓ 4. Have you attached a copy of your Form F-7004 (extension of time) if applicable?
- ✓ 5. Include your FEI Number on your check.

- \* Do you want a personalized package? (payment coupon)  
Many taxpayers and preparers prefer to use Department approved software to generate returns. Use of computer generated forms is high, therefore, the Department is asking, Do you want a forms package mailed to you?

Note: Even if you check the box on the payment coupon that you do not want a package, you still may receive one last package in the year 2001 as we capture and phase in your request.

Make Check Payable and Mail To:

**FLORIDA DEPARTMENT OF REVENUE**  
**5050 W TENNESSEE ST**  
**TALLAHASSEE FL 32399-0135**