

2002 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # A00000000918

1. Entity Name

PAI, LTD.

FILED

02 MAR 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5804 TYLER STREET
HOLLYWOOD FL 33021

Mailing Address

5804 TYLER STREET
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILLER, MARVEL
5804 TYLER STREET
HOLLYWOOD FL 33021

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.

DATE

9. Capital Contributions
as Shown on record.

\$390,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000050820
NAME PAI, INC.
STREET ADDRESS 5804 TYLER STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005145905--0
-03/22/02--01035--009

****376.25 ****376.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005145905--0
-03/22/02--01035--010

****150.00 ****150.00

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: BY: *Marcel Siller*
MARCEL SILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-02 954 981-7172

Date

Daytime Phone #

CR2E003 (9/01)

202

Form **W-7**
(Rev. October 1999)Department of the Treasury
Internal Revenue Service**Application for IRS Individual
Taxpayer Identification Number**

▶ See instructions. ▶ Please type or print.

FILED

OMB No 1545-1483

▶ For use by individuals who are NOT U.S. citizens, nationals, or permanent residents.

Before you begin:

- This number is for tax purposes only. Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
- Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

02 MAR 15

AM 9:33 IRS USE ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Reason you are submitting Form W-7. (Check only one box. See instructions.)**

- a ☐ Nonresident alien required to obtain ITIN to claim tax treaty benefit
- b ☒ Nonresident alien filing a U.S. tax return and not eligible for an SSN
- c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
- d ☐ Dependent of U.S. person
- e ☐ Spouse of U.S. person
- f ☐ Other (specify) _____
- Enter name and SSN of U.S. person (see instructions) ▶ _____

1 Name (see instructions) Name at birth if different ▶	1a Last name (surname or family name) PAGGIN	First name GIROLAMO	Middle name N/A
	1b Last name (surname or family name) N/A	First name N/A	Middle name N/A
2 Permanent residence address, if any (see instructions)	Street address, apartment number, or rural route number. Do not use a P.O. box number. GALLERIA PORTI 4, 36100 VICENZA		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. ITALY		
3 Mailing address (if different from above)	Street address, apartment number, P.O. box number, or rural route number. 5802 TYLER STREET		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. HOLLYWOOD, FL 33021		
4 Birth information	Date of birth (month, day, year) 09, 03, 1948	Country of birth ITALY	City and state or province (optional) VICENZA
6 Family information	Father's last name (surname) PAGGIN	First name GIROLAMO	Middle name N/A
	Mother's maiden name (surname) PAVIN	First name ADELINA	Middle name N/A
7 Other information	1a Country(ies) of citizenship ITALY	1b Foreign tax identification number	1c Type of U.S. visa (if any) and expiration date TYPE R CLASS E2 EXP: 7-16-02
	1d Identification document(s) submitted (see instructions). <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> INS documentation <input type="checkbox"/> Other _____ Issued by: THE ITALIAN REPUBLIC Number: 260662 F		
	1e Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)? <input checked="" type="checkbox"/> No/Do not know. Skip line 7f. <input type="checkbox"/> Yes. Complete line 7f. If you need more space, list on a sheet and attach to this form. (See instructions.)		
	1f TIN <input type="text"/> - <input type="text"/> - <input type="text"/> EIN <input type="text"/> - <input type="text"/> Enter the name under which the TIN was issued. Enter the name under which the EIN was issued.		
Sign Here Keep a copy of this form for your records.	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN).		
	Signature of applicant (if delegate, see instructions) _____ Date (month, day, year) _____ Phone number _____		
Acceptance Agent's Use ONLY	Name of delegate, if applicable (type or print) _____		Delegate's relationship to applicant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney
	Signature _____		Date (month, day, year) _____ Phone: () _____
	Name and title (type or print) _____		Name of company _____ Fax: () _____ EIN _____