

2001 UNIFORM BUSINESS REPORT (UBR)

0003487 AF

①

DOCUMENT # **A99000001507**

1. Entity Name

ERELODS LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MDJH

Principal Place of Business

1855 NW 128TH AVE.
PEMBROKE PINES FL 33028

Mailing Address

1855 NW 128TH AVE.
PEMBROKE PINES FL 33028

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

7. Name and Address of New Registered Agent

**MAZZA-MARTINEZ, TINA A
782 NW 42ND AVE. SUITE 638
MIAMI FL 33126**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$7,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FUENTES, ERNESTO
1855 NW 128TH AVE.
PEMBROKE PINES FL 33028**

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CITY-ST-ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/2001

CR2E003 (11/00)

2

Form **SS-4**

(Rev. February 1998)
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.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
ERELODS Limited Partnership

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

3 Executor, trustee, "care of" name
ERNESTO FUENTES

4a Mailing address (street address) (room, apt., or suite no.)

5a Business address (if different from address on lines 4a and 4b)

1855 N.W. 128 Avenue

4b City, state, and ZIP code

5b City, state, and ZIP code

PEMBROKE PINES FL 33028

6 County and state where principal business is located

BROWARD COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► **589-21-4822**

ERNESTO FUENTES

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

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☐ Other corporation (specify) ►

☐ State/local government

☐ Farmers' cooperative

☐ 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 Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Banking purpose (specify purpose) ► **DIVIDEND REPORTING**

☐ Started new business (specify type) ►

☐ Changed type of organization (specify new type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Purchased going business

☐ Created a pension plan (specify type) ►

☐ Created a trust (specify type) ►

☐ Other (specify) ►

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

11 Closing month of accounting year (see instructions)

01/01/2000

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)

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)

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ►

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.

☐ Business (wholesale)

☐ Public (retail)

☐ Other (specify) ►

☒ 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.

ERNESTO FUENTES

Business telephone number (include area code)

954-441-1789

Fax telephone number (include area code)

954-441-0957

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

Signature ►

E Fuentes

Date ► **1/20/2001**

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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