LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90726 025 ****55.00

B00054576

DOCUMENT #

1. Entity Name: One Fifty West, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6061 Collins Avenue	3. Mailing Address: 6061 Collins Avenue
Suite, Apt. #, etc.: 12C	Suite, Apt. #, etc.: 12C
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country: U.S.A.	Zip: 33140 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: Application attached ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rick Blanco, Jr.
Street Address (P.O. Box Number is Not Acceptable): 6061 Collins Avenue
12C
City: Miami Beach FL Zip Code: 33140

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 ____ 3/20/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00 [illegible] DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Partner
NAME	Rick Blanco, Jr.
STREET ADDRESS	6061 Collins Ave., # 12C
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	Partner
NAME	Renee Gutierrez
STREET ADDRESS	6061 Collins Ave., # 12C
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	Partner
NAME	Imilse Blanco
STREET ADDRESS	7089 West 4 Court
CITY-ST-ZIP	Hialeah, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] RICK BLANCO JR. MANAGING MEMBER 3/20/02 305 439 9954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment

B00545716

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
One Fifty West, LLC

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

3 Executor, trustee, "care of" name
Rick Blanco, Jr.

4a Mailing address (room, apt., suite no. and street, or P.O. box)
6061 Collins Avenue, #12C

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

4b City, state, and ZIP code
Miami Beach, FL 33140

5b City, state, and ZIP code

6 County and state where principal business is located
Miami Dade, FL

7a Name of principal officer, general partner, grantor, owner, or trustor
Rick Blanco, Jr.

7b SSN, ITIN, or EIN
264-57-3602

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☒ 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: n/a | State | Foreign country

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ ____
- ☐ 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)
8/25/00

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)* ▶ 12/31/02

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
0	0	0

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

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail
- ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Buying and Selling Real Estate

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 16b and 16c.*

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 ▶ 1481 West 41Street LLC Trade name ▶ El Conquistador Apts.

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): 8/00 | City and state where filed: Hialeah, FL | Previous EIN: 65 1015026

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: Renee Gutierrez
Designee's telephone number (include area code): (305) 213-2878
Address and ZIP code: 6061 Collins Avenue, #12C, 33140
Designee's fax number (include area code): (305) 866-7926

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) ▶ Rick Blanco, Jr., Managing Partner
Applicant's telephone number (include area code): (305) 439-9954

Signature ▶ [signature]
Date ▶ 3/20/02
Applicant's fax number (include area code): (305) 866-7926