

# 2002 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # L00000015265

1. Entity Name

UNIVERSITY LAND CO. LLC.

FILED

2002 OCT 11 AM 10:56

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9000 SW 152ND STREET, SUITE 106 MIAMI FL 33157  
Mailing Address: 9000 SW 152ND STREET, SUITE 106 MIAMI FL 33157

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State: Zip  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: Zip  
Country: Country

4. FEI Number: 46-0502128  
Applied For: Not Applicable  
5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, B. MACKAY  
9000 SW 152ND STREET, SUITE 106  
C/O WHITE & BROWN, P.A.  
MIAMI FL 33157

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] DATE: 9/25/02  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANZ, JOSEPH A 9000 SW 152ND ST., STE 106 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

9/25/02

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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 **46-0502128**

OMB No. 1545-0003

Type or print clearly.

**1** Legal name of entity (or individual) for whom the EIN is being requested  
**UNIVERSITY LAND CO LLC**

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

**3** Executor, trustee, "care of" name

**4a** Mailing address (room, apt., suite no. and street, or P.O. box)

**9000 SW 152nd Street #106**

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

**4b** City, state, and ZIP code

**Miami, FL 33157**

**5b** City, state, and ZIP code

**6** County and state where principal business is located

**Miami-Dade County, Florida**

**7a** Name of principal officer, general partner, grantor, owner, or trustor

**JOSEPH A SANZ, Operating Manager**

**7b** SSN, ITIN, or EIN

**265-15-3233**

**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) ▶ **Single member LLC**

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

**Florida**

Foreign country

**9** Reason for applying (check only one box)

☒ Started new business (specify type) ▶

**real estate investment**

☐ 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)

**10/1/2002**

**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) . . . . . ▶ **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-". . . . . ▶

Agricultural  
-0-

Household  
-0-

Other  
-0-

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

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Health care & social assistance

☐ Wholesale-agent/broker

☒ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Accommodation & food service

☐ Wholesale-other

☐ Retail

☐ Other (specify)

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**N/a**

**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 ▶ Trade name ▶

**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) City and state where filed Previous EIN

**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

**B. Mackay Brown**

Designee's telephone number (include area code)

**(305-) 259-8200**

Address and ZIP code

**9000 SW 152 St #102, Miami, FL 33157**

Designee's fax number (include area code)

**( )**

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) ▶ **Joseph A. Sanz, Operating Manager**

Signature ▶

Date ▶ **10/9/2002**

Applicant's telephone number (include area code)

**(305) 278-8400**

Applicant's fax number (include area code)

**(305) 278-1540**