

FILED

Feb 25, 2002 8:00 am  
Secretary of State

01-17-2002 90007 003 \*\*\*\*\*55.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002156

1. Entity Name

BUYER'S SERVICE PLACE, LLC

Principal Place of Business

20864 NE 32 AVE.  
MIAMI FL 33180-3654

Mailing Address

20864 NE 32 AVE.  
MIAMI FL 33180-3654

14165

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSQUERA, JOAQUIN  
20864 NE 32 AVE.  
MIAMI FL 33180-3654

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NORTHERN TRUST  
check 1292FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Joaquin Mosquera 20864 NE 32 AVE MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Natalia Mosquera 20864 NE 32 AVE. MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Maria C. Mosquera 20864 NE 32 AVE. MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Liliana Mosquera 20864 NE 32 AVE. MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Manager JOAQUIN MOSQUERA 20864 NE 32 Ave. MIAMI, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Purchasing Department NATALIA MOSQUERA 20864 NE 32 Ave MIAMI, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA MOSQUERA Secretary 20864 NE 32 Ave MIAMI, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT MANAGER LILIANA MOSQUERA 20864 NE 32 Ave MIAMI, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-02

305-936 1854

Date

Daytime Phone #

CR2E083 (9/01)

Form **SS-4**

(Rev. April 2000)

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) <b>BUYER'S SERVICE PLACE, LLC</b>		3 Executor, trustee, "care of" name <b>C/O JOAQUIN MOSQUERA</b>
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)
4a Mailing address (street address) (room, apt., or suite no.) <b>10864 NE 32 AVENUE</b>		5b City, state, and ZIP code
4b City, state, and ZIP code <b>MIAMI FL 33180-3654</b>		
6 County and state where principal business is located <b>MIAMI - DADE COUNTY, FLORIDA</b>		
7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ <b>589-85-5723</b> <b>JOAQUIN MOSQUERA</b>		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> FEMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ▶ <b>LIMITED LIABILITY COMPANY</b>	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>N/A</b>	Foreign country <b>N/A</b>
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9 Reason for applying (Check only one box.) (see instructions)		<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>LIMITED LIABILITY COMPANY</b>		<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶		<input type="checkbox"/> Created a trust (specify type) ▶
		<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) <b>FEBRUARY 9, 2001</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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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)	▶ <b>TO BE DETERMINED (TBD)</b>
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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 <b>TBD</b>	Agricultural	Household
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14 Principal activity (see instructions) ▶ <b>IMPORT &amp; EXPORT REPRESENTATION</b>
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶ <b>N/A</b>		

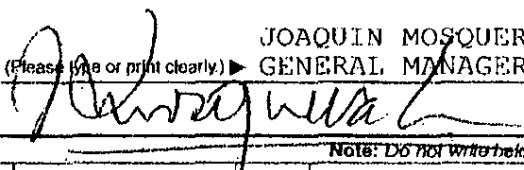
16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 ▶ <b>N/A</b>
Trade name ▶ <b>N/A</b>

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) <b>N/A</b>	City and state where filed <b>N/A</b>	Previous EIN <b>N/A</b>

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.		Business telephone number (include area code) <b>305-936-1854</b>
Name and title (Please type or print clearly) ▶ <b>JOAQUIN MOSQUERA</b> <b>GENERAL MANAGER</b>		Fax telephone number (include area code) <b>305-792-4780</b>

Signature ▶ 	Date ▶ <b>01/11/02</b>
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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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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **SS-4** (Rev. 4-2000)ISA  
STF 601/7801