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FILED
Jul 22, 2002 8:00 am
Secretary of State

05-22-2002 90207 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007600

1. Entity Name

HEAD-BECKHAM AMERINSURANCE PEO, LLC

Principal Place of Business

**3401 N.W. 82ND AVE.
MIAMI FL 33122**

Mailing Address

**3401 N.W. 82ND AVE.
MIAMI FL 33122**

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 ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREYER, PEDRO A ESO.
ONE S.E. THIRD AVE. 28TH FLOOR
C/O AKERMAN, SENTERFITT & EDSON P.A.
MIAMI FL 33131**

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	Beckham, William E.	
STREET ADDRESS	3401 NW 82 Ave. #300	
CITY-ST-ZIP	Miami, FL 33122-1052	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Freyre, Ernesto	
STREET ADDRESS	605 Ocean Dr., Unit 2M	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Freyre, Pedro A.	
STREET ADDRESS	8541 SW 72 Terrace	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Moll, Carl H	
STREET ADDRESS	10060 Sheridan St., Apt. 109	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Jacobson, Marc	
STREET ADDRESS	115 E. Rivo Alto Drive	
CITY-ST-ZIP	Miami, FL 33139	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Fernandez-Silva, Enrique	
STREET ADDRESS	3401 NW 82 Ave., #300	
CITY-ST-ZIP	Miami, FL 33122-1052	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/3/02 305-714-4535

Daytime Phone #

CR2E083 (9/01)

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

1 Legal name of entity (or individual) for whom the EIN is being requested
Head-Beckham AmerInsurance PEO, 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)
P. O. Box 523615

5a Street address (if different) (Do not enter a P.O. box.)
2500 N. W. 79 Ave., #101

4b City, state, and ZIP code
Miami, Fl. 33152-8988

5b City, state, and ZIP code
Miami, Fl. 33122

6 County and state where principal business is located
Dade, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
William Beckham & Ernesto Freyre

7b SSN, ITIN, or EIN _____

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership _____	<input type="checkbox"/> Plan administrator (SSN) _____
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ LLC	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard _____
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative _____
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> Federal government/military _____
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> REMIC _____
	<input type="checkbox"/> Indian tribal governments/enterprises _____
	Group Exemption Number (GEN) ▶ _____

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

State Florida	Foreign country N/A
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC Company	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business _____
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
7/1/2001

11 Closing month of accounting year
6/30/2002

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	Household	Other
0	0	1

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

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input checked="" type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Insurance/Financial Services/ PEO and related products

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 ▶ **Head Beckham AmerInsurance, Inc.** Trade name ▶ **HBA Insurance Group**

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) 8/1/99	City and state where filed Miami, Fl.	Previous EIN 65-0930028
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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	Designee's telephone number (include area code) ()
Address and ZIP code	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) ▶ **Carl Moll CFO/E.V.P.**

Signature ▶

Date ▶

Applicant's telephone number (include area code)
(305) 714-4535
Applicant's fax number (include area code)
(305) 714-4401