

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90053 033 \*\*\*\*50.00

**DOCUMENT # L01000007776**

1. Entity Name  
**THREE PALMS HOLDINGS, LLC**

Principal Place of Business

117 MAJORCA AVE  
 1ST FLOOR EAST  
 CORAL GABLES FL 33134

Mailing Address

117 MAJORCA AVE  
 1ST FLOOR EAST  
 CORAL GABLES FL 33134

B0102668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1825 Ponce de Leon Blvd  
 Suite, Apt. #, etc.  
 #235

3. Mailing Address

1825 Ponce de Leon Blvd  
 Suite, Apt. #, etc.  
 #235

City & State  
 Coral Gables, FL

City & State  
 Coral Gables, FL

4. FEI Number

Applied For  
 Not Applicable

Zip  
 33134

Country  
 WA

Zip  
 33134

Country  
 USA

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

B & C CORPORATE SERVICES, INC.  
 201 S BISCAYNE BLVD  
 SUITE 3000  
 MIAMI FL 33131

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 \_\_\_\_\_ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTUONDO, MANUEL S. 1825 Ponce de Leon Blvd #235 Coral Gables, FL 33134 <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~~ *Portuondo* 4/29/02 305-444-4451  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

Form **SS-4**

# Application for Employer Identification Number

Attachment R# LO1000007776  
BORO 2668

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

(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  
Three Palms Holdings, 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)  
1825 Ponce de Leon Blvd. #235

6a Street address (if different) (Do not enter a P.O. box.)

4b City, state and ZIP code  
Coral Gables, FL 33134

6b City, state, and ZIP code

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

7a Name of principal officer, general partner, grantor, owner, or trustor  
Manuel J. Portuondo

7b SSN, ITIN, or EIN  
594-28-3034

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) ▶ Limited liability company (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

State FLORIDA Foreign country

9 Reason for applying (check only one box)

Started new business (specify type) ▶ Beer Brewing

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) ▶

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

Compliance with IRS withholding regulations

Other (specify) ▶

10 Date business started or acquired (month, day, year)  
May 16, 2001

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) ▶ December 2002

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-0".

Agricultural  Household  Other

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

Construction  Rental & leasing  Transportation & warehousing

Real estate  Manufacturing  Finance & insurance

Health care & social assistance  Wholesale - agent/broker

Accommodation & food service  Wholesale - other  Retail

Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
Beer

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 ▶ LA TROPICAL BREWING CO. LLC Trade name ▶ Carveceria La Tropical

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) September 1998 City and state where filed Miami, Florida Previous EIN

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.

Third Party Designee

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) ▶ Manuel J. Portuondo

Applicant's telephone number (include area code) 305-444-4451

Signature ▶ [Signature] Date ▶ 3/4/02

Applicant's fax number (include area code) 305-444-4473