

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90016 001 \*\*\*\*50.00

**DOCUMENT # L01000009321**

1. Entity Name

**WENTCOR HOLDINGS L.C.**



Principal Place of Business

**338 MINORCA AVE  
CORAL GABLES FL 33134**

Mailing Address

**338 MINORCA AVE  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

**4020 SW 70 Way**

**4020 SW 70 Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Davie FL**

City & State

**Davie FL**

Zip

**33314**

Country

**Broward**

Zip

**33314**

Country

**Broward**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1148152**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INTERNATIONAL REGISTERED AGENTS CORP  
338 MINORCA AVE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Fanny RAMOS**

Street Address (P.O. Box Number is Not Acceptable)

**4020 SW 70 Way**

City

**Davie**

FL

Zip Code

**33314**

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, 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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **RAMOS, FANNY**  
STREET ADDRESS **4020 SW 70 WAY**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/08/03** **(954) 9159001**

CR2E083 (10/02)

Attachment # 101000009321/300531E

Form **SS-4****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service► **Keep a copy for your records.**EIN **65-1148151**  
OMB No. 1545-0003

Please type or print clearly.

<b>1</b> Name of applicant (legal name) (see instructions) <b>Wentcor Holdings, L.C.</b>		<b>3</b> Executor, trustee, "care of" name
<b>2</b> Trade name of business (if different from name on line 1)		
<b>4a</b> Mailing address (street address) (room, apt., or suite no.) <b>338 Minorca Avenue</b>		<b>5a</b> Business address (if different from address on lines 4a and 4b)
<b>4b</b> City, state, and ZIP code <b>Coral Gables, FL 33134</b>		<b>5b</b> City, state, and ZIP code
<b>6</b> County and state where principal business is located <b>Broward County, Florida</b>		
<b>7</b> Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>046-58-0432</b> <b>Fanny Ramos</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"/> Personal service corp.
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other (specify) ► <b>Limited Liability Company</b> (enter GEN if applicable)	

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
--	-------------------------	-----------------

<b>9</b> 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>Real Estate Holdings</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) ►	

<b>10</b> Date business started or acquired (month, day, year) (see instructions) <b>June 12, 2001</b>	<b>11</b> Closing month of accounting year (see instructions) <b>12/31</b>
---	---

<b>12</b> First date wages or annuities were paid or will be paid (month, day, year) <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).	<b>N/A</b>
---	------------

<b>13</b> Highest number of employees expected in the next 12 months <b>Note:</b> If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
---	-----------------------------	--------------------------	-----------------------

<b>14</b> Principal activity (see instructions) ► <b>Real Estate Holdings</b>
---

<b>15</b> Is the principal business activity manufacturing? If "Yes," principal product and raw material used	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

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

<b>17a</b> 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
<b>Note:</b> If "Yes," please complete lines 17b and 17c.	

<b>17b</b> If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 2 above.
Legal name ►
Trade name ►

<b>17c</b> 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

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)	
	( 954 ) 915-9001	
	Fax telephone number (include area code)	
Name and title (Please type or print clearly.) ► <b>Fanny Ramos, PD</b>		( 305 ) 444-4010

Signature ► <i>Fanny Ramos</i>	Date ► <b>10/26/01</b>
--------------------------------	------------------------

**Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------