



2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90581 043 ****50.00

DOCUMENT # L02000005240					
1. Entity Name SIMY CHOCRON D'EUROPA, LLC					
Principal Place of Business 11077 BISCAYNE BLVD. 4TH FLOOR C/O YDA ENTERPRISES, LLC MIAMI, FL 33161			Mailing Address 11077 BISCAYNE BLVD. 4TH FLOOR C/O YDA ENTERPRISES, LLC MIAMI, FL 33161		
2. Principal Place of Business 18660 COLLINS AVENUE Suite, Apt. #, etc. SUITE 104 City & State SUNNY ISLES BEACH, FL. Zip 33160 Country USA		3. Mailing Address 18660 COLLINS AVENUE Suite, Apt. #, etc. SUITE 104 City & State SUNNY ISLES BEACH, FL. Zip 33160 Country USA			
				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DE ABREU, YARA 11077 BISCAYNE BLVD. 4TH FLOOR MIAMI, FL 33161			7. Name and Address of New Registered Agent Name SIMY CHOCRON HADIDA Street Address (P.O. Box Number is Not Acceptable) 18660 COLLINS AVENUE, SUITE 104 City SUNNY ISLES BEACH FL Zip Code 33160		
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 <i>[Signature]</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			DATE 4/23/03 <small>(NOTE: Registered Agent signature required when amending)</small>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOCRON, SIMY 11077 BISCAYNE BLVD. 4TH FLOOR MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOCRON, SIMY 18660 COLLINS AVENUE, #104 SUNNY ISLES BEACH, FL. 33160 <input checked="" 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4/23/03 305-932-5400 <small>Date Daytime Phone #</small>		

CP2ED083 (10/02)

Attachment

30016856
107000008290

Form **SS-4**

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

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

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) SIMY CHOCRON D'EUROPA, L.L.C.	3 Executor, trustee, "care of" name SIMY CHOCRON
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) 18660 COLLINS AVENUE, #104	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code SUNNY ISLES BEACH, FL. 33160	5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) ► SIMY CHOCRON	

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 type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <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) ► MULTIPLE MEMBER L.L.C. | |

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.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► DECORATOR	<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"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) **5/1/03** 11 Closing month of accounting year (see instructions) **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) **1/1/04**

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	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► **DECORATOR**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☒ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ 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 ► Trade name ►

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) 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) (305) 932-5400
Fax telephone number (include area code) (305) 932-0306

Name and title (Please type or print clearly.) ►

Signature ► **Simy Chocron** Date ► **4/23/03**

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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