

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90319 050 ****50.00

DOCUMENT # L02000006675

1. Entity Name
FLOORSCAPES, LLC



Principal Place of Business
**6210 SWANS TERRACE
COCONUT CREEK FL 33073**

Mailing Address
**6210 SWANS TERRACE
COCONUT CREEK FL 33073**

20012501



☐ CHECK HERE IF MAKING CHANGES

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

04-3626920

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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. 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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOREN COSEO, SUSAN 6210 SWANS TERRACE COCONUT CREEK FL 33073 <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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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: SUSAN GOREN COSEO REQUIRED

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

1/15/03 954 830 3778

Date

Daytime Phone #

CR2E083 (10/02)

0053944

Attachment
20012501

LD2 0000006675

Form **SS-4**

Application for Employer Identification Number

(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 **04-3626920**
OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
FLOORSCAPES, 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) **5a** Street address (if different) (Do not enter a P.O. box.)
6210 Swans Terrace

4b City, state, and ZIP code **5b** City, state, and ZIP code
Coconut Creek, Florida 33073

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

7a Name of principal officer, general partner, grantor, owner, or trustor **7b** SSN, ITIN, or EIN
Susan Goren Cosco, Operating Manager **056-42-1914**

8a Type of entity (check only one box)
☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Plan administrator (SSN)
☒ Corporation (enter form number to be filed) ▶ **1065** ☐ Trust (SSN of grantor)
☐ Personal service corp. ☐ National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government/military
☐ Other nonprofit organization (specify) ▶ ☐ REMIC ☐ Indian tribal governments/enterprises
☐ Other (specify) ▶ ☐ Group Exemption Number (GEN) ▶

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

9 Reason for applying (check only one box)
☒ Started new business (specify type) ▶ ☐ Banking purpose (specify purpose) ▶
☐ Hired employees (Check the box and see line 12.) ☐ Changed type of organization (specify new type) ▶
☐ Compliance with IRS withholding regulations ☐ Purchased going business
☐ Other (specify) ▶ ☐ Created a trust (specify type) ▶
☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) **11** Closing month of accounting year
03/21/02 **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) **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."
0 **Agricultural** **Household** **Other**

14 Check one box that best describes the principal activity of your business.
☒ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
carpet & wood floor installations

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 ▶ Trade name ▶

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) City and state where filed Previous EIN

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) ▶ **ELSIE SANCHEZ, Treasurer**
Signature ▶ **Elsie Sanchez** Date ▶ **04/03/02**
Applicant's telephone number (include area code) **(954) 596-2951**
Applicant's fax number (include area code) **(305) 857-3700**