

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


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

05-02-2003 90574 003 ****50.00

0012556

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1. Entity Name
MARIA EUGENIA CREATIONS, LLC



Principal Place of Business Mailing Address

**1925 BRICKELL AVE., #D-2003
MIAMI FL 33129** **1925 BRICKELL AVE., #D-2003
MIAMI FL 33129**

2. Principal Place of Business 3. Mailing Address

**1915 Brickell Ave # C1106
Miami FL 33129** **1915 Brickell Ave # C1106
Miami FL 33129**

Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number (see attached) Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STANHAM, NICHOLAS
1925 BRICKELL AVE., #D-2003
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name: **Nicholas Stanham**

Street Address (P.O. Box Number is Not Acceptable): **520 Brickell Key Drive #0-305**

City: **MIAMI** FL Zip Code: **33131**

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:  DATE: **04-29-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ms Eugenia Vilar del Valle 1915 Brickell AV # 1106C 33129 Miami	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA EUGENIA VILAR DEL VALLE 1915 BRICKELL AVENUE, # C-1106 MIAMI FLORIDA 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SECRETARY NICHOLAS STANHAM 1915 BRICKELL AVENUE, # C-1106 MIAMI FLORIDA 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  **MARIA EUGENIA VILAR DEL VALLE** Date: **4/28/03** Daytime Phone #: **305 857 9505**

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

CR2E083 (10/02)

Attachment

30066548
102000011244

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

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

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested MARIA EUGENIA CREATIONS, 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) 1915 BRICKELL AVENUE APT. C-1106	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code MIAMI, FLORIDA 33129	5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE, FLORIDA	
7a Name of principal officer, general partner, grantor, owner, or trustor NICHOLAS STANHAM	7b SSN, ITIN, or EIN 592-34-4378	

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 type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other (specify) ▶ LIMITED LIABILITY COMPANY - MULTIPLE MI	Group Exemption Number (GEN) ▶

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

State FLORIDA	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<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)
May 9, 2002

11 Closing month of accounting year
12/31

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) ▶

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	0

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 type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) CUSTOM JEWELRY	<input type="checkbox"/> Wholesale-other
				<input type="checkbox"/> Retail

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

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

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) ▶ **NICHOLAS STANHAM, MANAGER**

Signature ▶ *[Signature]* Date ▶ **04/29/03**

Applicant's telephone number (include area code)
(305) 374-3800
Applicant's fax number (include area code)
(305) 374-1156