

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

01-30-2003 90041 019 ****50.00
09-25-2003 90042 015 ****50.00

DOCUMENT # **L02000012027**



1. Entity Name
J.W. HOLDINGS ENTERPRISE, LC

Principal Place of Business
**3878 PROSPECT AVE. SUITE #5
RIVIERA BEACH FL 33404**

Mailing Address
**3878 PROSPECT AVE. SUITE #5
RIVIERA BEACH FL 33404**

2. Principal Place of Business
480 Waseca DR
Suite, Apt. #, etc.

3. Mailing Address
480 Waseca DR.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Lantana, Florida
Zip Country
33462 USA

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Lantana, Florida
Zip Country
33462 USA

4. FEI Number
30-0189144 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 SOUTHWEST 22 STREET
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 **Wayne Wilber - President**
Signature, typed or printed name of registered agent and title if applicable.

9/10/03
DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILBER, WAYNE 3878 PROSPECT AVE. SUITE #5 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARE, JACK 3878 PROSPECT AVE. SUITE #5 RIVIERA BEACH FL 33404	<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"/> 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)(f), 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 REQUIRED**

9/10/03 **561-719-8730**
Date Daytime Phone #

CR2E083 (4/03)

Attachment

90158719

#L02000012027

Application for Employer Identification Number

EIN 30-0189144

OMB No. 1545-0047

Form **SS-4**

(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.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested.
J W HOLDINGS ENTERPRISES 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)
480 Waseca DR

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code
Lanтана FL 33462

5b City, state, and ZIP code

6 County and state where principal business is located

7a Name of principal officer, general partner, grantor, owner, or trustee
Wayne Wilber

7b SSN, ITIN, or EIN

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 corporation**

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprise

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name of 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) ▶ **Holding Company**

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

Compliance with IRS withholding regulations

Other (specify) ▶ _____

Banking purpose (specify purpose) ▶ **Pay for leased vehicles**

Changed type of organization (specify new type) ▶ _____

Purchased going business

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
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) _____▶

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 **0** Household **0** Other **0**

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

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Other (specify) **Holding Company**

Health care & social assistance Wholesale-other Retail

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

16a Has the applicant ever applied for an employee 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 ▶ **A Quality Security** 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

West Palm Beach, Florida

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 (incl. 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 (Please type or print clearly.) ▶ **Wayne Wilber - President**

Applicant's telephone number (incl. area code) **(561) 719-8730**

Signature ▶ **Wayne Wilber** Date ▶ **9/10/03**

Applicant's fax number (include area code)