FILED
Jun 04, 2003 8:00 am
Secretary of State
04-28-2003 90079 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014667

1. Entity Name
VIVIANA PROPERTIES, LLC

44003324

Principal Place of Business	Mailing Address
2100 WEST 76TH ST., STE. 401 HIALEAH FL 33016	2100 WEST 76TH ST., STE. 401 HIALEAH FL 33016

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8777 Collins Ave	8777 Collins Ave
Suite, Apt. #, etc. 1005	Suite, Apt. #, etc. 1005
City & State Surfside Fl.	City & State Surfside Fl.
Zip 33154 Country USA	Zip 33154 Country USA

4. FEI Number 27-0059182 ☐ 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
ALVARADO, MIGDALIA E 2100 WEST 76TH ST., STE. 401 HIALEAH FL 33016	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAERMAN, VIVIANA 2100 WEST 76TH ST., STE. 401 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED Viviana Faerman 04/24/03 305-904-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FROM : INTLREALTY FAX NO. 3059177601 MAY-30-2003 01:41PM ES

18668162061 44003324 #4020000144667

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 27-0059182

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
VIVIANA PROPERTIES, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
VIVIANA FAERMAN

4a Mailing address (room, apt., suite no. and street, or P.O. box)
8772 COLLINS AVE APT 1005

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

4b City, state, and ZIP code
SURFSIDE FL 33154

5b City, state, and ZIP code

6 Country and state where principal business is located
MIAMI-DADE FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor
VIVIANA FAERMAN

7b SSN, ITIN, or EIN
595-82-0874

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1065
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶

- ☐ 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/enterprises

Group Exemption Number (GEN) ▶ _____

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)

- ☒ Started new business (specify type) ▶ INVESTMENTS
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ 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)
06/12/2002

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)* ▶ 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-."* ▶

Agricultural	Household	Other
-0-	-0-	-0-

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

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale–agent/broker ☐ Wholesale–other ☐ Retail
- ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify)

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

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) ▶ VIVIANA FAERMAN

Applicant's telephone number (include area code) (305) 866-2870

Signature ▶ X

Date ▶ 05/30/03

Applicant's fax number (include area code) (305) 917-7601

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)