

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007426

1. Entity Name
IBIS GROUP, LLC

AND
FILED

01 MAY 18 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131

Mailing Address
1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 CLAUGHTON Island DR.

3. Mailing Address
800 CLAUGHTON Island DR.

Suite, Apt. #, etc.
#2503

Suite, Apt. #, etc.
#2503

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
15-04592-71

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.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BOTERO, RAFAEL
1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BOTERO, RAFAEL
800 CLAUGHTON Island DR. #2503
MIAMI, Florida. 33131 ☒ 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
700004419297-2
-06/14/01--01023--007
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE REQUIRED

4/20/01

305.815.2802

CR2E083 (11/00)

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

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

► Keep a copy for your records.

EIN

65-0959271

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)**IBIS GROUP, LLC****2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)
1221 Brickell Avenue, 9th Floor**5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code
Miami, Florida 33131**5b** City, state, and ZIP code**6** County and state where principal business is located
Dade County, Florida**7** Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Rafael Botero, President (ssn 589-79-5325)**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) _____☐ Estate (SSN of decedent) _____☐ Partnership☐ Personal service corp.☐ Plan administrator (SSN) _____☐ REMIC☐ National Guard☐ Other corporation (specify) ► _____☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☐ Other nonprofit organization (specify) ► _____

(enter GEN if applicable)

☒ Other (specify) ► **Limited Liability Company to be taxed as a Partnership****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)☒ Started new business (specify type) ► _____☐ Banking purpose (specify purpose) ► _____☐ Changed type of organization (specify new type) ► _____☐ Purchased going business☐ Hired employees (Check the box and see line 12.)☐ Created a trust (specify type) ► _____☐ Created a pension plan (specify type) ► _____☐ Other (specify) ► _____**10** Date business started or acquired (month, day, year) (see instructions)
11/04/99**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) ► **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-. (see instructions) ►

Nonagricultural

0

Agricultural

Household

14 Principal activity (see instructions) ► **Trading of commodities****15** Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ►☐ Yes☒ No**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)

305 629-9049

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Elsie Sanchez, Treasurer**Signature ► Date ► **11/8/99**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying