2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **M00000002448**

1. Entity Name

MAX PREMIER AIRPORT HOLDINGS, LLC

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET. PENTHOUSE 1 AVENTURA FL 33180	2875 N.E. 191ST STREET. PENTHOUSE 1 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** APPLIED FOR — 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	7. Name and Address of New Registered Agent
KLEIN, THEODORE J ESQ. 88 N.E. 168TH STREET NORTH MIAMI BEACH FL 33162	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.   (NOT: 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	MGRM AZOUT, JACK 2875 N.E. 191ST STREET, PENTHOUSE 1 AVENTURA FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004274157--2 -05/21/01--01143--013 *****55.00 *****55.00	☐ Change	☐ Addition ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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: _____ Jack Azout   (305) 935-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)

Form SS-4
(Rev. April 2000)
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

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Max Premier Aiport Holdings, LLC

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

3 Executor, trustee, "care of" name
c/o Jack Azout

4a Mailing address (street address) (room, apt., or suite no.)
2875 NE 191 St., PH-1

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Aventura, FL 33180

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) ▶
Jack Azout, Management Member - SS# 417-82-4839

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) _____
- [ ] Partnership
- [ ] Personal service corp.
- [ ] REMIC
- [ ] National Guard
- [ ] State/local government
- [ ] Farmers' cooperative
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶ _____
- [ ] Other (specify) ▶
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [X] Other corporation (specify) ▶ LLC
- [ ] Trust
- [ ] Federal government/military
_____ (enter GEN if applicable) _____

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)
- [X] Started new business (specify type) ▶ For Profit
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify purpose) ▶ _____
- [ ] Changed type of organization (specify new type) ▶ _____
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶ _____
- [ ] Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
November 14, 2000

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) ▶ to be determined

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	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Real estate investments

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶   [ ] Yes [X] No

16 To whom are most of the products or services sold? Please check one box.
- [ ] Public (retail)
- [ ] Other (specify) ▶
- [ ] Business (wholesale)
- [X] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ... [ ] Yes [X] 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) 935-5175

Fax telephone number (include area code)
(305) 935-3636

Name and title (Please type or print clearly.) ▶ Jack Azout, Management Member

Signature ▶ *[signature]*   Date ▶ 4/26/01

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

USA
STF FED7709F

Form **SS-4** (Rev. 4-2000)