

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

02-20-2002 90164 034 ****61.25

DOCUMENT # N00000003821

1. Entity Name

ZOLA GLORIA BOLANOS FOUNDATION, INC.

Principal Place of Business

Mailing Address

3370 NE 190 ST., STE. 1801
 HIDDEN BAY TOWER #1
 AVENTURA FL 33180

3370 NE 190 ST., STE. 1801
 HIDDEN BAY TOWER #1
 AVENTURA FL 33180

24017



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 **03-0414374**
APPLIED FOR

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLANOS PONS, ZOLA G
3370 NE 190 ST., STE. 1801
HIDDEN BAY TOWER #1
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE 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
D BOLANOS, ZOLA G 3370 NE 190 ST., STE. 1801 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MUNEZ, FERNANDO 3370 NE 190 ST., STE. 1801 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CHAVEZ, GLORIA G 3370 NE 190 ST., STE. 1801 AVENTURA FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CRE0637 (9/01)

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

Date

Office Phone #

03/21/2002 18:22 385-8634258

Enviado: G & S DE LEONE, INC. 3055649481

03/21/2002 19:36 385-8634258

0058255752;

MAR-21-02 6:36PM;

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PAGE 01

Attachment
24379

#XXXXXXXX3821

DM 3/28/02
EN 03-0414374

Form **SS-4**

Application for Employer Identification Number

Rev. December 2001
Department of the Treasury
Internal Revenue Service

For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, estate beneficiaries, and others.
See separate instructions for each item. Use Form SS-4 only for 2002 purposes.

OMB No. 1545-0048

1. Legal name (name for which the EIN is being requested)
Zula Gloria Balanos Foundation Inc

2. Trade name of business (if different from name on line 1)
Zula Gloria Balanos Foundation Inc

3a. Mailing address (street, apt., box no. and street, or P.O. box)
3701A RD SE - Miller Dog Park

3b. City, state, and ZIP code
Atlanta GA 30316

4. County and state where principal business is located
DeKalb GA

5a. Name of entity (sole proprietor, partnership, trust, etc.) or owner
Zula Gloria Balanos Foundation Inc

5b. EIN, if any, or EIN
03-0414374

6a. Type of entity (check only one box)
 Sole proprietor (SSN)
 Partnership
 Corporation (enter type number to be filed in Part 3)
 Church or church-controlled organization
 Other nonprofit organization (specify)
 Other (specify)

6b. If a corporation, name the state or foreign country
FL

7. Reason for applying (check only one box)
 Started new business (specify type)
 Hired employees (check box 12 and see 12c)
 Corporation with IRS voluntarily registered
 Other (specify)

8. Date business started or acquired (month, day, year)
4/1/02

9. Closing month of accounting year
Dec

10. First date wages or salaries were paid or will be paid (month, day, year). Enter if applicant is a withholding agent, enter date wages will first be paid to contractor (month, day, year)
9/1/02

11. 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."
0

12. Check one box that best describes the principal activity of your business:
 Construction
 Retail & repair
 Wholesale-retailer
 Farm, ranch, or other agriculture
 Manufacturing
 Wholesale-transportation
 Wholesale-other
 Retail
 Health care & social assistance
 Accommodation & food services
 Other (specify)
Charitable

13. Indicate principal type of merchandise sold; specific construction work code; products produced; or services provided.
Charitable

14. Has the applicant ever applied for an employer identification number for this or any other business?
 Yes No

15. If you checked "Yes" on line 14, give applicant's legal name and trade name (check on prior application if different from line 1 or 2 above).
Legal name: _____ Trade name: _____

16. Approximate date when, and any one state where, the application was filed. Enter previous employer identification number, if known.
Date: _____ State: _____ Previous EIN: _____

17. Complete this section only if you want to authorize an agent to receive the entity's EIN and obtain documents about the completion of this form.

Third Party Designee: Name _____ Address and ZIP code _____

Signature of Designee: _____ Date: *3-21-02*

Signature of Applicant: *Zula Gloria Balanos* Title: *PRESIDENT*

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