

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/24/

FILED

Jun 29, 2000 8:00 am  
Secretary of State

05-24-2000 90172 002 \*\*\*\*70.00

DOCUMENT # N98000005848

1. Entity Name

PRODHAM, INC.

Principal Place of Business

P.O. BOX 1093  
FORT LAUDERDALE FL 33302

Mailing Address

P.O. BOX 1093  
FORT LAUDERDALE FL 33302-1093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For  
Not Applicable

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

GUERRIER, THALUSNER  
3700 JACKSON BOULEVARD  
FORT LAUDERDALE FL 33312

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 \$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

TITLE D ☐ Delete  
NAME GUERRIER, THALUSNER  
STREET ADDRESS 3700 JACKSON BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE D ☐ Delete  
NAME LAGUERRE, EDEZE  
STREET ADDRESS 1431 NE 4TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE D ☐ Delete  
NAME SIFORT, JEAN  
STREET ADDRESS 131 NE 40 CRT #109  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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:

Thalusner R. Guerrier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

(954) 560 7947

CR2FR37 (6/99)

Doc# 119800000 5848

105617

Form **SS-4****Application for Employer Identification Number**(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.) <b>PRODHAN, INC</b>		3 Executor, trustee, "care of" name <b>NIA</b>	
2 Trade name of business (if different from name on line 1) <b>SAME</b>		5a Business address (if different from address on lines 4a and 4b) <b>SAME</b>	
4a Mailing address (street address) (room, apt., or suite no.) <b>P.O. Box 1093</b>		5b City, state, and ZIP code <b>SAME</b>	
4b City, state, and ZIP code <b>Fort Lauderdale, FL 33302</b>		5b City, state, and ZIP code <b>SAME</b>	
6 County and state where principal business is located <b>BROWARD COUNTY, FLORIDA</b>			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► <b>THALUSNER GUERRIER #394-01-8570</b>			
8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Other corporation (specify) ► _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>NON PROFIT</b> (enter GEN if applicable) _____ <input type="checkbox"/> Other (specify) ► _____	
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FLORIDA</b>	Foreign country
9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ► _____ <input checked="" type="checkbox"/> Started new business (specify) ► <b>NON-PROFIT DEVELOPMENT OVERSEAS</b> <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ► _____ <input type="checkbox"/> Created a pension plan (specify type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► _____ <input type="checkbox"/> Other (specify) ► _____	
10 Date business started or acquired (Mo., day, year) (See instructions.)		11 Closing month of accounting year (See instructions.) <b>DECEMBER</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ► <b>NONE</b>			
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.) . . . . . ► <b>0 - (VOLUNTEERS)</b>			
14 Principal activity (See instructions.) ► <b>DEVELOPMENTS OVERSEAS IN HAITI (SCHOOL, HEALTH CENTE</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ► _____			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____ <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ► <b>NIA</b> Trade name ► <b>NIA</b>			
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 <b>NIA NIA NONE</b>			
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) <b>954-321-6714</b> Fax telephone number (include area code)	
Name and title (Please type or print clearly.) ► <b>THALUSNER GUERRIER - DIRECTOR</b>			
Signature ► <i>Thalusner Guerrier</i>		Date ► <b>10/07/98</b>	
Note: Do not write below this line. For official use only.			
Please leave blank ►	Geo.	Ind.	Class
			Size
			Reason for applying