2001 UNIFORM BUSINESS REPORT (UBR)

| DOCU | IMENT | FORM BUS # N99000 | INESS REPO | ORŤ (I | UBR) | 4/4/ | May 21, Secreta | ILED , 2001 a arv of | 8:00 ai State |
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| SOUTH | i Florida | CHAPTER FLORID |)a state Guardian | SHIP | | | | | |
| Principal Pla | ce of Busines | s | Mailing Address | | | 1 | | | |
| 8930 STATE | ROAD 84 | | 8930 STATE ROAD 84 | • | | | | | |
| #316 Davie FL 333 US | 324 | | #316 Davie Fl. 33324 US | | | } { | | HARON CHINA A A D. B. ASSILLA DA BA | 11868 FEST FEST |
| . Principal F | Place of Busin | ess | 3. Mailing Address | | | | | Y (e il bijs iii iii) | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Sta | te | | City & State | | | 4. FEI Number APPLIED FOR Applied For Not Applicable | | | |
| Zip | • | Country | Zip | Country | , | 5. Certificati | e of Status Desired | \$8.75 Ad | ditional |
| == | 6. Name | and Address of Current | Registered Agent | | | 7. Name an | d Address of New Regis | | |
| | | | | N | lame _ | | | <u>-</u> | - |
| WOLONICK, LINDA M | | | Street Add | | Treet Address (| P.O. Box Numb | per is Not Acceptable) | | |
| 9682 RID DAVIE FL | GECREST C | COURT | | | | | | | { |
| DAVIE FL | . 33320 | | | C | ity | | | FL Zip Cox | e et |
| . The above | amed entity | submits this statement for | or the purpose of changing its | s registered o | ifice or register | ed agent, or bo | oth, in the state of Florida. | • | |
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| IGNATURE . | Signature, typed | or printed name of registered agent | and title if applicable. (NOT | E: Registered Age | unt signature required | when reinstating) | <u> </u> | DATE | } |
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Application for Employer Identification Number EIN (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) (Rev. April 2000) Department of the Treasury OMB No. 1545-0003 Keep a copy for your records. Internal Revenue Service Name of applicant (legal name) (see instructions) HURIDA CHAPTER clearly ,Trade name of business (if different from name on line 1) print 4a Mailing address (street address) (room, apt., or suite no.) 5a Business address (if different from address on lines 4a and 4b) State Ruad 84 ŏ 5b City, state, and ZIP code 4b City, state, and ZIP code Please County and state where principal pusiness is located COUNTY , FLORIDA MsAmi-DAMP Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instru 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 Plan administrator (SSN) Personal service corp. 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) ► If a corporation, name the state or foreign country l 021 DA (if applicable) where incorporated Reason for applying (Check only one box.) (see instructions) Banking purpose (specify purpose) 9 Membership Organization Changed type of organization (specify new type) Purchased going business Hired employees (Check the box and see line 12.) Created a trust (specify type) Other (specify) ► ☐ Created a pension plan (specify type) ► 11 Closing month of accounting year (see instructions) Date business started or acquired (month, day, year) (see instructions) 10 7/31 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 12 first be paid to nonresident alien. (month, day, year) . Nonagricultural Agricultural Household 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) . -0 Principal activity (see instructions) ORGANIZATION 14 *Member*3hi o X No Is the principal business activity manufacturing? . 15 If "Yes," principal product and raw material used To whom are most of the products or services sold? Please check one box. 16 Business (wholesale) ⊠ N/A Public (retail) ☐ Other (specify) ► Has the applicant ever applied for an employer identification number for this or any other business? 17a Note: If "Yes," please complete lines 17b and 17c. 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. 17b Trade name ▶ Legal name ▶ Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. 17c Previous EIN Approximate date when filed (mo., day, year) | City and state where filed 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) 370-0041 Fax telephone number (include area code) WENDY S. TURNER Name and title (Please type or print clearly.)

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

Class

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

Signature .

Please leave blank ►

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Ind.

Cat. No. 16055N

Size

Date 🕨

Form SS-4 (Rev. 4-2000)

Reason for applying