

4/30/

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90332 002 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014460

1. Entity Name

VERNO ASSOCIATES, INC.

Principal Place of Business

~~305 LOCK ROAD #14~~  
 DEERFIELD BEACH FL 33442

Mailing Address

~~305 LOCK ROAD #14~~  
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

472 LOCK RD # 189

Suite, Apt. #, etc.

189

City &amp; State

DEERFIELD BEACH, FL

3. Mailing Address

472 LOCK RD #

Suite, Apt. #, etc.

189

City &amp; State

DEERFIELD BEACH FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VERNO, ANTHONY

~~305 LOCK ROAD #14~~ 472 LOCK RD # 189  
 DEERFIELD BEACH FL 33442

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

4/23/01

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VERNO, ANTHONY	
STREET ADDRESS	<del>305 LOCK ROAD #14</del> 472 LOCK RD # 189	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/23/01

954 796 1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Attachment**  
**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)

ANTHONY VERNO

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

VERNO ASSOCIATES, INC.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

472 LOCK RD #189

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

4b City, state, and ZIP code

DEERFIELD BCH FL 33442

5b City, state, and ZIP code

6 County and state where principal business is located

BROWARD, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)

ANTHONY VERNO124-46-8847

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

(enter GEN if applicable)

MORTGAGE/REAL ESTATE

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) ▶MORTGAGE BROKER☐ 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)

5/2000

11 Closing month of accounting year (see instructions)

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)

5/2000

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

000

14 Principal activity (see instructions) ▶

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) ▶CLIENTS REPRESENTED☐ 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)

(954) 729 5953

Fax telephone number (include area code)

( )

Name and title (Please type or print clearly.) ▶ ANTHONY VERNO, PRESIDENTSignature ▶ ANTHONY VERNODate ▶ 5-15-01

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

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying