

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029170

1. Entity Name
K.P. CONSTRUCTION, INC.

Principal Place of Business
17191 S.W. 86TH AVENUE
MIAMI FL 33157

Mailing Address
17191 S.W. 86TH AVENUE
MIAMI FL 33157

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90173 012 ***150.00

43657



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

65-1094767

Applied For

Not Applicable

Zip

Country

MIAMI - Dade

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

WELBAUM, R. EARL
901 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

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 re-registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D WELBAUM, KARL PATRICK	17191 S.W. 86TH AVENUE	MIAMI FL 33157	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Paul Welbaum

Karl Patrick Welbaum

4/11/01 3051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

253-6408

CR2004 (10/00)



Jim Zingale
Executive Director

Attached DOC# P00000029170
43657

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

Dear Employer:

Your request for an account number is being returned for the following reason:

☒ The application you submitted is incomplete or needs further information as requested. Please complete the marked item/s and return.

☐ We do not assign an account number until wages are paid. Liability can be established if you purchased a business, paid a quarterly payroll of at least \$1500.00 or there have been one (1) or more employees for any twenty (20) weeks of employment in a year, regardless of the amount of payroll.

☐ We do not assign an account number to employers of domestic workers until there has been at least one calendar quarter with \$1000 payroll.

☐ We do not assign an account number to employers of agricultural workers until a quarterly payroll of \$10,000 or more has been reached, or there have been at least five (5) employees for twenty (20) weeks of employment in a calendar year, regardless of the amount of payroll.

☐ Non-profit employers with a 501©(3) exemption letter must have 4 (four) or more employees for any twenty (20) weeks of employment in a calendar year to be liable. If you wish to elect coverage, please contact this office.

UT Registration

1-800-482-8293

DIVISION OF UNEMPLOYMENT COMPENSATION

BUREAU OF TAX, EMPLOYER REGISTRATION

107 E. Madison Street • Tallahassee, Florida 32399-0233

Telephone No. (850) 921-5000 • Fax No. (850) 921-3981

DOC# P 00000029 170

UC EMPLOYER ACCOUNT NUMBER

EMPLOYER REGISTRATION REPORT

Please complete front and back in black ink. (Print or type)

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER 65-1094767
2. LEGAL NAME OF EMPLOYER Karl Patrick Welbaum
(sole proprietor, partners, or corporate name, etc.)
3. TRADE NAME (d/b/a) DryWall Contractor TELEPHONE NO. 305-253-6408
4. MAILING ADDRESS 17191 SW 86 Avenue Miami, Florida 33157
Street Address City/State Zip Code
5. BUSINESS LOCATION 17191 SW 86 Avenue Miami, Florida 33157
Florida Street Address City/State Zip Code

6. LEGAL ENTITY TYPES (Check only one)

- ☒ Sole Proprietor ☐ Partnership ☐ Limited Partnership ☐ Joint Venture
☐ Limited Liability Corp. ☐ S Corporation ☐ Corporation
☐ Government Instrumentality (City, County, Special District, etc.) ☐ Other (Specify) _____

7. EMPLOYER TYPE (Check all that apply)

- ☒ Regular ☐ Domestic (Household) ☐ Agricultural ☐ Agricultural Citrus
☐ Agricultural Crew Chief ☐ Non Profit Organization ☐ 501(c)(3) attached
☐ Political Instrumentality (City, County, or Municipality) ☐ Purchased Existing Business (Complete LES Form UCS-1S)

8. DID YOUR BUSINESS PAY FEDERAL UNEMPLOYMENT TAX IN ANOTHER STATE IN THE PREVIOUS OR CURRENT CALENDAR YEAR? ☐ YES ☒ NO
 State(s) _____ Year(s) _____

9. DATE OF FIRST EMPLOYMENT IN FLORIDA N/A 6-01
 (This includes full and part-time employees and officers of a corporation. If resuming employment, enter date resumed.)

10. DO YOU USE, OR INTEND TO USE, THE SERVICES OF INDIVIDUALS YOU CONSIDER TO BE SELF-EMPLOYED AND WHOSE REMUNERATION WILL BE REPORTED ON 1099S? ☐ YES ☒ NO

If YES, please explain type(s) of services performed. _____

11. DO YOU WISH TO ELECT TO EXTEND THE COVERAGE OF THE LAW TO YOUR WORKERS WHO ARE NOT COVERED BECAUSE THEY WORK IN EXEMPT EMPLOYMENT OR BECAUSE YOU ARE NOT LIABLE FOR THE PAYMENT OF UNEMPLOYMENT TAX? ☐ YES ☒ NO

If YES, proper forms will be furnished by this agency. The election would require liability for a period of at least one complete calendar year.

12. GENERAL INFORMATION

A. INFORMATION REGARDING OWNER, PARTNERS, OR OFFICERS (Attach a separate sheet if necessary)

Full Name	Title	SSN	Home Address	Home Phone
Karl Patrick Welbaum	President	244 750 973	17191 SW 86 AVE. 33157	(305) 253-6408