2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
02-20-2002 90068 042 ***150.00

DOCUMENT # P00000042328

1. Entity Name
LEIGH OF WEST PALM BEACH CORPORATION

Principal Place of Business	Mailing Address
1630 S. CONGRESS AVE., SUITE 201 PALM SPRINGS FL 33461	1630 S. CONGRESS AVE., SUITE 201 PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

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 02-0581061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VASSALLO, JOSEPH A
1630 S. CONGRESS AVE., SUITE 201
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

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

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASSALLO, JOSEPH A 1630 S CONGRESS AVE STE 201 PALM SPRINGS FL 33461 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR Slonin, Joseph 3414 Broadway West Palm Beach, FL 33407 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Slonin 1/21/02 Date 561-329-9822 Daytime Phone #

Attachment 26405

[redacted]

To: IRS From: S S 8412630 04/11/02 10:32:28 Page 2 of 2

Sent by the Award Winning Cheyenne Bitware

Apr 05 02 03:36p VASSALLO BILOTTA 5614321117 P.2

P0000003329

#561-3299822 561

Joe Slonin - FAX # 8412630

Phone # 561 3299822 Please send ASAP. Thank You

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 02-0581061

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
LEIGH OF WEST PALM BEACH CORPORATION

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

3 Executor, trustee, "care of" name
Joseph G. Slonin 02-058/061

4a Mailing address (room, apt., suite no. and street, or P.O. box)
3416 Broadway

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
West Palm Beach, FL 33407

6b City, state, and ZIP code

5 County and state where principal business is located
Palm Beach County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee
Joseph G. Slonin, President

7b SSN, ITIN, or EIN
09F-50-7159 Ted

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 1120
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

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)

- ☒ Started new business (specify type) ▶ real estate/rental
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
4/26/00

11 Closing month of accounting year
December

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) ▶ n/a

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-." ▶ Agricultural 0 | Household 0 | Other 0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale–agent/broker
- ☐ Wholesale–other
- ☐ Retail
- ☒ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c 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

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

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.

Name and title (type or print clearly) ▶ Joseph G. Slonin, President

Applicant's telephone number (include area code) (561) 329-9822

Signature ▶ Date ▶ 4/9/02

Applicant's fax number (include area code) (561) 432-1117

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)