2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-12-2002 90560 015 ***150.00

DOCUMENT # P00000047683

1. Entity Name
FLORIDA CONTRACT FURNISHINGS, INC.

Principal Place of Business	Mailing Address
2522 N. ANDREWS AVE. EXT. POMPANO BEACH FL 33064	2522 N. ANDREWS AVE. EXT. POMPANO BEACH FL 33064

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 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
KEYS, NEAL 1911 NE 172 STREET NORTH MIAMI BEACH FL 33162	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 KEYS, NEAL 1911 NE 172 STREET NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLAZIER, INA 2522 N. ANDREWS AVE., EXTENSION POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAZ, KAREN 2522 N. ANDREWS AVE. EXTENSION POMPANO BEACH FL 33064	☐ 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
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

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: Neal Keys REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 900061

Florida Contract Furnishings, Inc.

#P000004 7683

May 8, 2001

FAXED

Internal Revenue Service
Customer Service Center-Atlanta
PO Box 47-421 Stop 751
Doraville, GA 30362

Gentlemen,

Please find attached completed application for Employer Identification Number. We have provided some additional information required i.e. Social Security Number On Line 7, Form SS-4, however are not sure what additional information is required. The Social Security number provided is for Vice President of the Corporation. The Corporation is a Florida corporation. This individual is a citizen of the United States.

We would like this application processed as soon as possible, we have not been able to Reach you through the phone number listed, please advise immediately if there is any Other information you require. Also please note the following: There has since been An address change to:

2522 North Andrews Avenue Extention
Pompano Beach, Florida 33064

Phone 954 968-0100 ext 121

Thank you

Karen Hollinsed-Vaz
Vice President

Attachment

WHOLESALE INTERIORS

98061
#P0000047683

FROM: KAREN VAZ
(EXT. 121)

FAX FORM

FAX TO ~~Dept of~~ Treasery / IRS.

FAX NUMBER 678-530-6156

TOTAL PAGES 2

Please find attached previously faxed application for EIN # for Florida contract Furnishers. To date we have not received and require this # by 12/31/00. We have tried to reach you by phone but cannot get through please advise of status.

Thank You

KV

2522 North Andrews Avenue Extension • Pompano Beach, FL 33064 • 954.968.0100 • Fax 954.970.0500
www.wholesaleinteriors.com

Attachment

90061

#P000000491683

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: 1-6-01

0716 833151

Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Karen Hollensed - VAZ

2436 n Federal Hwy #344

Pompano Beach, FL 33064

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. **Social Security Number on line 7 of Form SS-4.**
   - (A) **Corporation - President, Vice President, other principal officer or member of LLC.**
   - B. **Partnership - General partner or member of LLC.**
   - C. **Trust – Grantor/Trustor (person who established the trust).**
   - D. **Estate – Decedent on line 8a.**
   - (E) **Non-Resident/Canadian Citizen – Copy of social security card, passport, visa, birth certificate, or driver's license.**
   - F. **Other – Owner, Sole Proprietor or Non-Profit Organization.**
   - G. **Copy of social security card (the name does not match the SSN on our records).**
2. **Mailing Address / Location Address of Business.**
3. **Business Operational Date on line 10 of Form SS-4.**
   - A. **Corporation – Date business started or acquired.**
   - B. **Partnership – Date partnership agreement went into effect.**
   - C. **Trust – Date trust was created or funded.**
   - D. **Estate – Date of death of the decedent.**
   - E. **Other – Date business or organization started.**
4. **Fiscal Year Month on line 11 of Form SS-4.**
5. **Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).**
6. **Telephone Number of Business on line 17c of Form SS-4.**
7. **Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.**
8. **A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.**

(over)

Attachment 98061
PW0004 7683

9. Signature
   A. Corporation – President, V. President, other principal officer, or member of LLC.
   B. Partnership – General partner or member of LLC.
   C. Trust or Estate – Personal Representative, Executor, Administrator, or Fiduciary.
   D. Sole Proprietor, Owner
   E. Other – Any third party signing the Form SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4. We are unable to assign you an Employer Identification Number, as you will not be filing any business tax returns. You are to use your social security number (SSN) on Schedule C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you are to also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax form: 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 I.R.B. 7, at the following address:

    Internal Revenue Service
    Associate Chief Counsel Domestic
    ATTN: CC:DOM:CORP:T
    P. O. Box 7604
    Ben Franklin Station
    Washington, DC 20044

12. Due to disclosure regulations that strictly govern who may receive any tax-related information, we cannot issue or mail an Employee Identification Number to third parties without a Power of Attorney.

13. Any revocable trust created after January 1, 1981, in which grantor and trustee are the same individual, is not required to file Form 1041, and therefore, does not need an EIN for the trust. Grantor/Trustee will need to use his/her social security number and report all items of income, deduction and credit from the trust on Form 1040.

Other _____

_____

_____

_____

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

Henry J. Lindemann Jr.

Chief, Customer Service Branch II

Enclosure(s)
Your Form SS-4
Envelope

(Rev. 05-2000)

6/11/00

Attachment 700061474 P00000047683

Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service

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)
FLORIDA CONTRACT FURNISHINGS INC

2 Trade name of business (if different from name on line 1)
FLORIDA CONTRACT FURNISHINGS INC.

3 Executor, trustee, "care of" name
KAREN HOLLINSED-VAZ

4a Mailing address (street address) (room, apt., or suite no.)
2436 N. FEDERAL HWY # 344

5a Business address (if different from address on lines 4a and 4b)
2522 N. ANDREWS AVE EXT

4b City, state, and ZIP code
POMPANO BCH FLA. 33064

5b City, state, and ZIP code
POMPANO BCH FLA. 33064

6 County and state where principal business is located
BROWARD COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
KAREN HOLLINSED - VAZ 594-01-9775
(VICE PRESIDENT)

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) ▶ ______ (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

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) ▶
- ☐ 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)
MAY 12, 2000

11 Closing month of accounting year (see instructions)
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)* ▶ -0-

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

14 Principal activity (see instructions) ▶ FURNITURE SALES

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☑ 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.

KAREN HOLLINSED-VAZ VP.

Business telephone number (include area code) (954) 968-0100 X121

Name and title (Please type or print clearly.) ▶ VICE PRESIDENT.

Fax telephone number (include area code) (954) 970-0500

Signature ▶ [signature]

Date ▶ 6/11/00

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying