

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2002 8:00 am Secretary of State

05-13-2002 90073 008 ***150.00

DOCUMENT # **P00000050581**

1. Entity Name
BRICKMAN INVESTMENTS, INC.

Principal Place of Business
**550 BILTMORE WAY #1120
CORAL GABLES FL 33134**

Mailing Address
**550 BILTMORE WAY #1120
CORAL GABLES FL 33134**



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

APPLIED FOR

Applied For

Not Applicable

Zip

Country

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

**WEINSENFELD, JOSEPH J.
550 BILTMORE WAY
SUITE 1120
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 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	PD EHRHART-BORNSTEIN, MONIKA 550 BILTMORE WAY #1120 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINSENFELD, JOSEPH J 550 BILTMORE WAY #1120 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

Joseph J. Weisenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02
Date

305-444-4477
Daytime Phone #

CR2E034 (9/01)

Attachment 36561
P00000050581

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
 Department of the Treasury
 Internal Revenue Service

(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 _____
 OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Brickman Investments, Inc.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 550 Biltmore Way, Suite 1120		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Coral Gables, Florida 33134		5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade County, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustor Lourdes M. Marrero		7b SSN, ITIN, or EIN 593-44-8176
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ corporation			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> 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)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ renew corporation			
10 Date business started or acquired (month, day, year) 5/23/2000		11 Closing month of accounting year December 31	
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-." ▶			
		Agricultural 0	Household 0
		Other 0	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) holding company			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. N/A			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) ▶ Lourdes M. Marrero, Secretary		Applicant's telephone number (include area code) (305) 444-4477
Signature ▶ <i>Lourdes M. Marrero</i>	Date ▶ 6-08-02	Applicant's fax number (include area code) (305) 774-2944