

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-27-2002 90036 039 ***150.00

18816



DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # P00000050820			
1. Entity Name PAI, INC.			
Principal Place of Business 5804 TYLER STREET HOLLYWOOD FL 33021		Mailing Address 5804 TYLER STREET HOLLYWOOD FL 33021	
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		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SILLER, MARVEL 5804 TYLER STREET HOLLYWOOD FL 33021			
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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	VPS SILLER, MARVEL 5804 TYLER STREET HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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: <i>W. Siller</i>		1-10-02 954-987-7172	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARVEL SILLER, VPS		Date Daytime Phone #	

CR2E034 (9/01)

Form **W-7**

(Rev. October 1999)

Department of the Treasury
Internal Revenue Service**Application for IRS Individual
Taxpayer Identification Number**

▶ See instructions. ▶ Please type or print.

▶ For use by individuals who are NOT U.S. citizens, nationals, or permanent residents.

Before you begin:

- This number is for tax purposes only. Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
- Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

FOR IRS USE ONLY**Reason you are submitting Form W-7. (Check only one box. See instructions.)**

- a ☐ Nonresident alien required to obtain ITIN to claim tax treaty benefit
- b ☒ Nonresident alien filing a U.S. tax return and not eligible for an SSN
- c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
- d ☐ Dependent of U.S. person } Enter name and SSN of U.S. person (see instructions) ▶
- e ☐ Spouse of U.S. person }
- f ☐ Other (specify) _____

1 Name (see instructions) Name at birth if different ▶	1a Last name (surname or family name) PAGGIN	First name GIROLAMO	Middle name N/A											
	1b Last name (surname or family name) N/A	First name N/A	Middle name N/A											
2 Permanent residence address, if any (see instructions)	Street address, apartment number, or rural route number. Do not use a P.O. box number. GALLERIA PORTI 4, 36100 VICENZA													
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. ITALY													
3 Mailing address (if different from above)	Street address, apartment number, P.O. box number, or rural route number. 5802 TYLER STREET													
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. HOLLYWOOD, FL 33021													
4 Birth information	Date of birth (month, day, year) 09 / 03 / 1948	Country of birth ITALY	City and state or province (optional) VICENZA											
6 Family information	Father's last name (surname) PAGGIN	First name GIROLAMO	Middle name N/A											
	Mother's maiden name (surname) PAVIN	First name ADELINA	Middle name N/A											
7 Other information	7a Country(ies) of citizenship ITALY	7b Foreign tax identification number	7c Type of U.S. visa (if any) and expiration date TYPE B CLASS E2 EXP: 7-16-02											
	7d Identification document(s) submitted (see instructions). <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> INS documentation <input type="checkbox"/> Other _____ Issued by: THE ITALIAN REPUBLIC Number: 260662 F													
	7e Have you previously received a U.S. temporary Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)? <input checked="" type="checkbox"/> No/Do not know. Skip line 7f. <input type="checkbox"/> Yes. Complete line 7f. If you need more space, list on a sheet and attach to this form. (See instructions.)													
	7f TIN <input type="text"/> - <input type="text"/> - <input type="text"/> Enter the name under which the TIN was issued. EIN <input type="text"/> - <input type="text"/> - <input type="text"/> Enter the name under which the EIN was issued.													
Sign Here Keep a copy of this form for your records.	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN).													
	<table border="1"> <tr> <td>Signature of applicant (if delegate, see instructions)</td> <td>Date (month, day, year)</td> <td>Phone number</td> </tr> <tr> <td>Name of delegate, if applicable (type or print)</td> <td>Delegate's relationship to applicant</td> <td><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>Signature</td> <td>Date (month, day, year)</td> <td>Phone: ()</td> </tr> <tr> <td>Name and title (type or print)</td> <td>Name of company</td> <td>Fax: () EIN</td> </tr> </table>			Signature of applicant (if delegate, see instructions)	Date (month, day, year)	Phone number	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney	Signature	Date (month, day, year)	Phone: ()	Name and title (type or print)	Name of company
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Signature	Date (month, day, year)	Phone: ()												
Name and title (type or print)	Name of company	Fax: () EIN												
Acceptance Agent's Use ONLY														