

631 447 8960

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

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested**Grove Palace Enterprises, 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)**2665 South Bayshore Dr, Suite 1100****5a** Street address (if different) (Do not enter a P.O. box.)**4b** City, state, and ZIP code**Miami, FL 33133****5b** City, state, and ZIP code**6** County and state where principal business is located**Dade County, Florida.****7a** Name of principal officer, general partner, grantor, owner, or trustor**7b** SSN, ITIN, or EIN**8a** Type of entity (check only one box)☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) ▶☐ 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☐ State/local government☐ Farmers' cooperative☐ Federal government/military☐ REMIC☐ 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) ▶ **Developing**☐ 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)**N/A****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)**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☒ Real estate☐ Manufacturing☐ Finance & insurance☐ Health care & social assistance☐ Accommodation & food service☐ Other (specify)☐ Wholesale-agent/broker☐ Wholesale-other☐ Retail**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.**Real Estate****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

Javier Matta

Designee's telephone number (include area code)

(305) 8600116

Address and ZIP code

2665 South Bayshore Dr, Suite 1100, Miami, FL 33133

Designee's fax number (include area code)

(305) 8609401

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) ▶ **Evelyn Rodriguez - Director**

Applicant's telephone number (include area code)

(305) 860 0116

Signature ▶

Date ▶ **11/12/02**

Applicant's fax number (include area code)

(305) 860 9401

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

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