

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90055 020 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060121

1. Entity Name

HOWARD LEONARD RICH INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

98 N.W. 29TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI FLORIDA

City &amp; State

Zip

33127

Country

MIAMI-DADE

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name RICH, SWAWN

Street Address (P.O. Box Number is Not Acceptable)

16570 NE 26TH AVENUE APT 3J

City MIAMI

FL

Zip Code

33160

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 relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1, May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 RICH, HOWARD  
 16570 NE 26TH AVE, APT 3J  
 MIAMI, FL 33160

TITLE NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 RICH, DANA  
 16570 NE 26TH AVE, APT 3J  
 MIAMI-FL 33160

TITLE NAME  
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 CITY- ST- ZIP

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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD RICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034B (12/01)

Attachment 92073  
#P00000060121

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) <b>HOWARD LEONARD RICH INC.</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <b>41 NE 40 STREET SUITE 6 98 NW 29 ST</b>	
4b City, state, and ZIP code <b>MIAMI, FLORIDA 33132 33127</b>	
5a Business address (if different from address on lines 4a and 4b)	
5b City, state, and ZIP code	
6 County and state where principal business is located <b>MIAMI DADE, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor- SSN or ITIN may be required (see instructions) ► <b>HOWARD RICH, PRESIDENT SSN# 265-02-9085</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input checked="" type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ► <b>CORPORATION</b>	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <b>ART GALLERY</b>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions) <b>DECEMBER 13, 2001</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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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. <b>Note:</b> If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►	Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ► **SALE OF ART WORKS**

15 Is the principal business activity manufacturing? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used: . . . . .		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a 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
<b>Note:</b> 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 ►
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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
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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.			Business telephone number (include area code) <b>( 305 ) 573-9142</b>
Name and title (Please type or print clearly.) ► <b>HOWARD RICH, PRESIDENT</b>			Fax telephone number (include area code) <b>( 305 ) 576-1653</b>

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

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