## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 02, 2002 8:00 am Secretary of State DOCUMENT # P00000063624 04-24-2002 90261 036 \*\*\*150.00 1. Entity Name FINANCIAL MANAGEMENT SOLUTIONS, INC. Principal Place of Business Mailing Address 00036 4701 SARAZEN DRIVE 4701 SARAZEN DRIVE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -01-0659530 City & State . FEI Number City & State Applied For APPLIED FOR Not Applicable Zin Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, RANDALL-Street Address (P.O. Box Number is Not Acceptable) 4701 SARAZEN DRIVE HOLLYWOOD FL 33021 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 \_ FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change CR2E034 (9/01) ■ Addition ZIMMERMAN, RANDALL J NAME NAME STREET ADDRESS 4701 SARAZÉN DRIVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERMAN, ADAM NAME 4401 CASPER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Chánge T'Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TYTLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

4G OFFICER OR DIRECTOR

3/31/02

FILED

## Financial Management Solutions, Inc.

The state of the same

May 9, 2002

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

In response to the letter my company received from the Florida Department of State dated April 28, 2002 (copy enclosed), enclosed please find correspondence from the Internal Revenue Service to Financial Management Solutions, Inc. indicating the assignment of <u>EIN # 01-0659530</u>.

Please let me know if there is any additional information that the State requires relating to Financial Management Solutions, Inc.'s annual report.

Sincerely,

Randall J. Zimmerman

President

allackment + Doc +3363 \$ 200000 63624

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501 DATE OF THIS NOTICE: 04-19-2002 NUMBER OF THIS NOTICE: CP 575 A EMPLOYER IDENTIFICATION NUMBER: 01-0659530

FORM: SS-4 0132656040 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

FINANCIAL MANAGEMENT SOLUTIONS INC % RANDALL J ZIMMERMAN 4701 SARAZEN DR HOLLYWOOD FL 33021

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0659530. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS=4, you must file the following forms(s) by the date we show.

Form 941 Form 1120 Form 940 10/31/2002 04/16/2002 01/31/2003

The due date of your return has passed and we have no record of receiving it. Please file your form by 05-06-2002. The penalties and interest will accrue from the date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at  $1-800\pm829\pm1040$  or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.