

2001 UNIFORM BUSINESS REPORT (UBR)

193

FILED

01 NOV -9 PM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000066196

1. Entry Name

NATCO AG, INC.

Principal Place of Business

Mailing Address

12415 SW 136 th. Ave. Bay # 4
MIAMI, FL. 33186

2. Principal Place of Business SAME

3. Mailing Address 12415 SW 136 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc. UNIT # 4

City & State

City & State MIAMI FL

Zip

Country

Zip 33186

Country

05/22/01 90635 016 \$150.00

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRES HERNANDEZ
12415 SW 136th AVENUE
MIAMI FLORIDA 33186

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, board or other authorized representative agent not agent

(NOTE: Registered Agent Signature required when introducing)

DATE

11-02-2001

9. This corporation is eligible to satisfy its interstate tax filing requirements and elect to do so. (See criteria on back)

Yes

10. Election Campaign Financing Trust Fund Contribution.

Yes

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	ANDRES HERNANDEZ	
STREET ADDRESS	12415 SW 136th Av, Bay# 4	
CITY-ST-ZIP	MIAMI FL.	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	FILE HELMUT	
STREET ADDRESS	12415 SW 136 Av. Bay # 4	
CITY-ST-ZIP	MIAMI FL. 33186	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DUARTE JASON	
STREET ADDRESS	12415 SW 136 th. Av. Bay #4	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 Statute. 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 807, Florida Statute; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address change or other information.

SIGNATURE:

Signature of officer or director or authorized representative

Signature of

11-02-2001

CR20034 (11/00)

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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) NATCO AG, INC.	
	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.) 12415 SW 136TH AVENUE BAY 4	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code MIAMI, FL 33186	5b City, state, and ZIP code
	6 County and state where principal business is located DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ 554-68-4630 ANDRES HERNANDEZ	

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 checked="" type="checkbox"/> Other corporation (specify) ▶ C-CORP |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ▶ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	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) ▶ FREIGHT FORWARDING	<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) 07/11/2000	11 Closing month of accounting year (see instructions) DECEMBER
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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) ▶ N/A

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-. (see instructions) ▶

14 Principal activity (see instructions) ▶ FREIGHT FORWARDING

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☒ Business (wholesale) ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: 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 ▶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

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 (Please type or print clearly.) ▶ ANDRES HERNANDEZ
SECRETARYBusiness telephone number (include area code)
305-233-2280
Fax telephone number (include area code)
305-233-0588

Signature ▶ Date ▶ 09/17/01

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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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Form **SS-4** (Rev. 4-2000)

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11-02-2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

Michelle Milligan
Document Specialist

The from UBR for NATCO AG, INC. I have re-typed as there was no space to correct it. On the original from sent on April of this years.

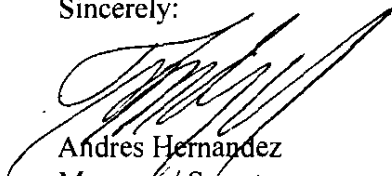
This from dose not have a FEI number, the company has not obtain a number as of yet. We try to by filing and application for employer Identification Number, but-we were rejected. The reason is that the company is not on the Florida Department of State. We need to correct this with your offices first. I am attaching a copy of or application \ for an I. D. number for your information.

I am also attaching a copy of the check send to your offices on time, with an incurred or incomplete Uniform Business Report UBR.

I hope that this information can re-instate Natco AG, INC. so we can move to the next step, an obtain our FEI number.

Thank you in advances for your help,

Sincerely:



Andres Hernandez
Manager / Secretary

NATCO AG , INC.
12415 SW 136 TH. AVE. BAY # 4
MIAMI FLORIDA, 33186
Phone - 305-232-4656 - Fax - 305-232-6663