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02 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
03-19-2002 90011 014 ***150.00

DOCUMENT # P00000070167

Entity Name
BOROUGH FLORIDA HOLDINGS CORP.

Principal Place of Business	Mailing Address
ADEIRA AVE STE 310 AL GABLES FL 33134	145 MADEIRA AVE STE 310 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2050. Dixie Hwy.	1320 So. Dixie Hwy
Suite, Apt. #, etc. Suite 280	Suite, Apt. #, etc. Suite 280
City & State Coral Gables, FL	City & State Coral Gables, FL
3146 Country	Zip 33146 Country

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NCHEZ DE VARONA, RAUL J ESQ 5 MADEIRA AVE STE 310 RAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

bove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

URE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

corporation is eligible to satisfy its intangible filing requirement and elects to do so. (criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D ☐ Delete MACHADO, ARTURO Z 145 MADEIRA AVE STE 310 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS 1320 So. Dixie Hwy, Ste. 280 CITY-ST-ZIP Coral Gables, FL 33146 ☑ Change ☐ Addition
D ☐ Delete DE ZULUAGA, ESTHER C 145 MADEIRA AVE STE 310 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS 1320 So. Dixie Hwy, Ste. 280 CITY-ST-ZIP Coral Gables, FL 33146 ☑ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E084 (9/01)

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: _____ 3/26/02 Date 305-667-7733 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF FILING ENTITY

Attachment

P00000070167

Form **SS-4**

(Rev. February 1998)

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)
MALBOROUGH FLORIDA HOLDINGS CORP.

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.)
1330 SO. Dixie Hwy. Suite 280

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Coral Gables, FL 33146

5b City, state, and ZIP code

6 County and state where principal business is located
MIAMI-DADE FLA.

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
ARTURO ZULUAGA (non resident alien) passport attached

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

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

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☒ Other corporation (specify) ▶ FOR PROFIT
- ☐ Trust
- ☐ Federal government/military

(enter GEN if applicable) ___

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.) (see instructions)
- ☒ Started new business (specify type) ▶ ___
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
7/24/00

11 Closing month of accounting year (see instructions)
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)* ▶ NA

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)* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (see instructions) ▶ REAL ESTATE INVESTMENT

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) ☐ Business (wholesale) ☐ Other (specify) ▶ ☐ N/A

17a 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.

Business telephone number (include area code): 305 443 8600
Fax telephone number (include area code): 305 443 8601

Name and title (Please type or print clearly.) ▶ ARTURO ZULUAGA, PRES.

Signature ▶

Date ▶ 7/21/00

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

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