

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90004 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097558

1. Entity Name

SUNGLASSESWHOLESALSTORE.COM, INC

Principal Place of Business

8341 SW 157 AVE, SUITE 302
MIAMI FL 33193-1296

Mailing Address

8341 SW 157 AVE, SUITE 302
MIAMI FL 33193-1296

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

LYNN, WILLIAM

8341 SW 157 AVE, SUITE 302
MIAMI FL 33193-1296

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D LYNN, WILLIAM
 STREET ADDRESS 8341 SW 157TH AVENUE STE 302
 CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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 **65-1047148**

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) SUNGLASSESWHOLESALESTORE.COM, INC	3 Executor, trustee, "care of" name 72118
2 Trade name of business (if different from name on line 1) SUNGLASSESWHOLESALESTORE.COM	5a Business address (if different from address on lines 4a and 4b) SALE
4a Mailing address (street address) (room, apt., or suite no.) 8341 SW 157 AVENUE, 302	5b City, state, and ZIP code FL
4b City, state, and ZIP code MIAMI FL 33153	5b City, state, and ZIP code FL
6 County and state where principal business is located DADE, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ WILLIAM LYNN 281-36-9131	

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 checked="" type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Other corporation (specify) ▶ _____ <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military
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8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA	State FLORIDA	Foreign country N/A
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9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ▶ WHOLESALE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____
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10 Date business started or acquired (month, day, year) (see instructions) 8/11/00	11 Closing month of accounting year (see instructions) DECEMBER 2000
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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) _____ 11/1/00	11/1/00
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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) -0-	Nonagricultural -0-	Agricultural -0-	Household -0-
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14 Principal activity (see instructions) ▶ _____

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 ▶ TGB ENTERPRISES, INC Trade name ▶ SALE

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) 11/1/99 City and state where filed _____ Previous EIN _____	Business telephone number (include area code) (305) 858 7507 Fax telephone number (include area code) (305) 383 8385
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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.

Name and title (Please type or print clearly.) ▶ **WILLIAM LYNN**

Signature ▶ _____ Date ▶ _____

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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