2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109165 1. Entity Name HIGHLAND PAINTING INC.					Jul 31, 2001 8:00 am Secretary of State 07-31-2001 90008 037 ***550.00						
					07 31 2001 500	330.0	,,,				
Principal Place	.	Mailing Address 109 SE 11 AVE									
POMPANO BEA	ICH FL 33060	POMPANO BEACH FL 3306	30		(2 01 /10 1) 181 10 2/14 20 /14 10 /14 10 /14 1		Biller Bhir 1881				
	ace of Business	3. Mailing Address									
Suite, Apt.		109 S.E. 11th Suite, Apt. #, etc.	Ave.,		DO NOT WRITE	IN THIS SPACE					
Apt. #		Apt. #1 City & State		4.	FEI Number	T A	oplied For	7			
Pompan Zip	no Beach FI Country	Pompano≃Beach Zip	Country		65=105791-2	\$8.75 Ad	ot Applicable				
33060	.6. Name and Address of Current Re		Broward		Certificate of Status Desired	Fee Require		1			
	io. Name and Address of Current A	egistered Agent	Name		Name and Address of New Reg	istered Agent		1			
BARR, ROE 109 SE 11	AVE .		Street A	odney Ba Address (P.O. E 09 S.E.	rr Box Number is Not Acceptable) 11th Ave., Apt.#1						
POMPANO	BEACH FL 33060		'City			Zip Coo	0	-			
8 The above r	named entity submits this statement for t	he purpose of changing its	Pe	ompano B		<u> </u> 33060		}			
SIGNATURE _	Signature, typed or printed name of registered agent and		Registered Agent signa	•		DATE	·				
	ation is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After September 12, Make Check Payabl		e \$750.00	10. Election Campaign Finan Trust Fund Contribution.	υ _ ΨΟΙΟ	May Be I to Fees				
11.	OFFICERS AND DI	77-W-L	12.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR					
TITLE NAME	والمراوع والمتحص معتقد المتح المتحارب فمعتصد	☐ Delete ාදිකත්ව ගේ තුරිනම උතුර	TITLE P NAME STREET ADDRESS CITY-ST-ZIP		. lith Ave., Apt.	#1 Change	★ Addition	CR2E034 (5/01)			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	rompano	Beach, FL 33060	☐ Change	Addition	CR2			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
TITLE NAME		☐ Delete	TITLE		ا ان <u>است تامی</u> که <u>است میسید</u> ده است.	Change	Addition	ښود			
STREET ADDRESS CITY-ST-ZIP			*NAME STREET ADDRESS CITY-ST-ZIP		-			,			
TITLE	. 74.0	☐ Delete	TITLE			☐ Change	Addition				
NAME STREET ADDRESS CITY-ST-ZIP	· .		NAME STREET ADDRESS CITY-ST-ZIP				,				
of the corpo	rtify that the information supplied with thin this report or supplemental report is trustee empower on an attachment with an address, with	ie and accurate and that my ered to execute this report as	gionati ire gheli h	ava tha cama k	agal attact as it made under eet	u that I am an officer	ar diraatar 1	İ			

SIGNATURE:

SIGNATURED FINHRED

7/24/0

954-785-740

0440chment boc# 200000109165

HIGHLAND PAINTING, INC 109 S.E. 11TH AVE, Apt. #1 POMPANO BEACH,FL 33060 RODNEY @ 954-401-5765

July 19th, 2001

Dear Sir or Madam,

I am writing to you on the advice of my accountant as I received the enclosed past due notice, which puzzled me, as I never received the first one, and since this is my first year in business, I was not aware that such a fee was due.

Upon meeting with my accountant for my quarterly visit I was advised to pay up promptly, but to request that maybe some leniency be extended to me as I believe the reason I did not receive the first notice, is due to the fact that my address is not complete as the apartment number is not shown. I have made this change on the form and enclosed some copies of other tax literature I have received showing the complete address.

As you can imagine being such a small company, just starting off in business, this money is hard to come by, and so I am hoping that I may be considered for a refund of the \$400.00 late fee.

Sincerely,

Rodney Barr President

Highland Painting, Inc

Quick and Easy Access to Tax Help and Forms



PERSONAL COMPUTER

Access the IRS's Web Site 24 hours a day 7 days a week at www.irs.gov.to do the following:

- Download forms, instructions, and publications
- See answers to frequently asked tax questions
- Search publications on-line by topic or keyword.
- Figure your withholding allowances using our On-Line Withholding Calculator.
- Send us comments or request help via e-mail.
- Sign up to receive local and national tax news
 by e-mail

You can also reach us using File Transfer Protocol at ftp.irs.gov



FAX

You can get over 100 of the most requested forms and instructions 24 hours a day, 7 days a week, by fax Just call 703-368-9694 from the telephone connected to the fax machine.



PHONE

You can get forms, publications, and automated information 24 hours a day, 7 days a week, by phone.

Forms and Publications

Call 1-800-TAX-FORM (1-800-829-3676) to order current and prior year forms, instructions, and publications. You should receive your order within 10 days.



WALK-IN

You can pick up some of the most requested forms, instructions, and publications at many post offices, libraries, and IRS offices. Some IRS offices, libraries, grocery stores,

office supply stores, and copy centers have an extensive collection of products available to photocopy or print from a CD-ROM



CD-ROM

Order **Pub. 1796**, Federal Tax Products on CD-ROM, and get

- Current year forms, instructions, and publications
- Prior year forms, instructions, and publications
- Popular tax forms that may be filled in electronically, printed out for submission, and saved for recordkeeping.
- Internal Revenue Bulletins

Buy the CD-ROM on the Internet at www.irs.gov/cdorders from the National Technical Information Sérvice (NTIS) for \$21 (no handling fee), or call 1-877-CDFORMS (1-877-233-6767) toll-free to buy the CD-ROM for \$21 (blus a \$5 handling fee).

energical Tractions

Internal Revenue Service WADC-9999 Rancho Cordova, CA 95743-9999

Deliver to Payroll Department

PRSRT STD

Postage and Fees Paid Internal Revenue Service Permit No. G-48

Official Business

Penalty for Private Use \$300

XX ECRLOT XX C-017

HIGHLAND PAINTING INC.

" ROONEY BARA"

109 SE LITH AVE APT L

POMPANO BEACH FL 33060-7418

ledladidochaladadidaalladidadidadid

EBOD

1440Chment DOC# 1200000109165

Internal Revenue Service



EDERAL TAX DEPOSIT

For Paperwork Reduction Act Notice, see instructions.

FIRST CHECK YOUR NAME AND EMPLOYER IDENTIFICATION NUMBER. IF YOU NEED TO MAKE A CHANGE, SEE PAGE 1 OF THE INSTRUCTIONS

ment boc# P00000109165 941TeleFile Tax Record Department of the Treasury

Internal Revenue Service (Rev. January 2001)

Do Not Mail

OMB No. 1545-1509

AUTO ******* 5-DIGIT 33060** MARZOOL 207 CT HIGHLAND PAINTING INC % RODNEY BARR I THA BYA HTLL BZ POL POMPANO BEACH FL 33060-7418 talleallallardlatterlarlatedallaldlarlated

DT 65-1057912 ► Call TeleFile 24 hours a day at 1-800-583-5345.

0025

If your name, address, or EIN as shown is incorrect, you **CANNOT** use TeleFile.

Info	mation You Provide	Information Provided by TeleFile			
A	Enter the total deposits (line 14) reported on your 2000 third quarter Form 941 (or 941TeleFile Tax Record)				
В	Enter the numerical code for the state in which deposits were ma state is different from that shown in your address above (see page				
C	Is this your final return? Yes No No If yes, enter date final wages paid	MMDDYYYY	1952 1953		
Line	numbers correspond to Form 941. See the Instructions for F	orm 941.			
1	Number of employees (except household employees) employed in the pay period that includes March 12th (first quarter only)	1			
2	Total wages and tips, plus other compensation	2	9		
3	Total income tax withheld from wages, tips, and sick pay	3			
6	Taxable social security wages	6a	6b '		
	Taxable social security tips	6c	6d		
7	Taxable Medicare wages and tips	7a	7b		
9	Fractions of cents adjustment only (+/-)	9			
10	Adjusted total of social security and Medicare taxes		10		
12	Advance earned income credit (EIC) payments made to employees	Latin District			
13	Net taxes. If \$2,500 or more, this amount must equal line 17d below.	13			
14	Total deposits for quarter, including overpayment applied from a prior quarter	14			
15	Balance due: For Direct Debit: Type of account: 1 1 - checking 2 - savings Account no	umber	15		
16	Overpayment (applied to next return)		<u> </u>		
17	Monthly summary	pility 17c Third month liability			
	of Federal tax liability 176 Second month liab	sixy 170 Third Month Hability	17d Total liability for quarter		
	Claratives Valuable to solve the following declared	No. 11-1	SAME THE PROPERTY OF THE PROPE		
	Signature: You will be required to make the following declarate of my knowledge and belief, the return information I provided	tion: Under penaities of perji is true, correct, and comple	ury, I declare that, to the best		
	Before you call, enter the numbers on your phone for the firs (see item 2 on page TEL-2). Caution: See Who must sign the	t five letters of your last nar	Name (numbers)		
	y on the line until TeleFile tells you your return has been accep gives you a 10-digit confirmation number and filing date		Filing Date		

attachment DOC# P.000001001165

Form 941 (1) Employer's Quarterly Federal Tax Return													
	Rev. January 2001) See separate instructions for information on completing this return.												
	Revenue Service	DT	65-1057912	Please	type or pr	int.					· · · · · · · · · · · · · · · · · · ·		
Enter state							OMB No. 1545-0029						
in which ****AUTO**5-DIGIT 33060													
	sits were	JUN	15007 203		CT		, u 0			, T			
	only if ent from	:		ING INC							FD		
state		7 K 109	ODNEY BARR ISE 11TH AV	F ADT 1				1 690	2		FP		
address to the right POMPANO BEACH FL 33060-7418								1					
(see p	age	billo	dalla allada da	dadlladdla	lalalalal						T		
	2 of instructions).												
				112	<u> </u>	33	333-	≈3 - 3	<u> </u>	- 4	44 - 55.	.5	
If add	lress is % ent ⊃												
from	prior o		 		+ + +	++			+			\vdash	
return here] [<u> </u>								
		6 7	 -	8 8 8 8			9 9			10 1	10 10 10 10 10	10	
			n the future, check he		and enter						<u>:</u>		
If you			e Seasonal employer e pay period that inclu			ructions	and chec	k nere					
					1241 .					2			
2 3	-	•	other compensation from wages, tips, ar						٠	3	100	 	
4			come tax for precedi		of calend				•	4			
,					0, 00,0,10	an you.		•	•			T	
5	Adjusted total of	of income to	ax withheld (line 3 a	s adjusted b	y line 4-	șee ins	tructions)			5	100		
6	Taxable social :	security was	ges	6a	<u> </u>	<u> </u>	× 12.49	_ •		6b	1 67	 	
	Taxable social s			6c	~~~	., _	× 12.49			6d	· · · · · · · · · · · · · · · · · · ·	- 	
7	Taxable Medica	_		7a	500	•	× 2.99		3) =	7b	/7	$\mathbf{p}_{\mathcal{O}}$	
8			ledicare taxes (add I					ges	7	8	76	52)	
٥			ecurity and/or Medic rity-and-Medicare-ta:					nation				 	
			± Fractions of Cent							9	1		
10			security and Medica								-71	(2)	
	instructions).									10	76	50	
											176	50	
11	Total taxes (ad	ld lines 5 ar	nd 10)						•	11	1 / / 0	1301	
40	A al	d la								12	,		
12 13			redit (EIC) payments				 -•			<u> </u>		1 - 2	
13			12 from line 11). If D of Schedule B (l		more, u	ns mu	st equal	HUA I	1,	13	176	150	
		((, ,		• •			•		1 101	(-7.	
14	Total deposits t	for quarter,	including overpayme	ent applied	from a pric	or quart	ter,			14	110	150	
200													
15	•		e 14 from line 13). S							15	<u> </u>	.1	
16			more than line 13,			\$	 -	·				ومنتشح بتنار	
and check if to be: Applied to next return or Refunded. -e-All-filers:-If-line 13 is tess than \$2,500, you need not complete line 17 or Schedule B (Form 941).													
								UIIII 9	41).		_		
Semiweekly schedule depositors: Complete Schedule B (Form 941) and check here													
· · · · · · · · · · · · · · · · · · ·													
17			derai Tax Liability. D		·				hedu		·		
	(a) First month lia	ability	(b) Second mont		(0	:) Third m	onth liability		\perp	(b)	otal liability for quarte	er	
<u></u>	Under paget	ies of perium:	I declare that I have exam	ined this return	including so	comessed	ina schodula	e and ct	atema	nte ac	d to the best of my to	ouledge	
Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.													
Here Signature > 1601/24 1611 Signature > 1601/24 Signature >													
For Privacy Act and Paperwork Reduction Act Notice, see back of Payment Voucher. Cat. No. 17001Z Form 941 (Rev. 1-2001)													