

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113766

1. Entity Name

NEPTUNO SECURITY SERVICES, INC.

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90191 006 ***150.00

Principal Place of Business

Mailing Address

2642 NW 97 AVENUE
MIAMI FL 33172

2642 NW 97 AVENUE
MIAMI FL 33172

2. Principal Place of Business

15998 SW 137 AV

Suite, Apt. #, etc.

3. Mailing Address

15998 SW 137 AV

Suite, Apt. #, etc.

City & State
MIAMI, FL 33178

City & State
MIAMI, FLORIDA

Zip 33178

Country

Zip 33177

Country

4. FEI Number

☒ 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

VILLARROEL, ERNESTO
2642 NW 97 AVENUE
MIAMI FL 33172

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
VILLARROEL, ERNESTO
2642 NW 97 AVENUE
MIAMI FL 33172 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2001 305-5467356
Date Daytime Phone #

CR2E034 (10/00)

Attachment # P0000113766
B0060895

Neptuno Security Services Inc.
15998 SW 137 Avenue
Miami, Florida 33177

Miami July 23, 2001

Division of Corporations
Uniform Business report Filings
P. O. Box 1500
Tallahassee, FL 32314

Ref: 2001 Uniform Business Report (UBR)

Dear Sirs:

We have not received any previous information to renovate the corporation neither we have received the FEI number in order to start operations , please help us in order to actualize our corporation.

Attached I am sending you the check of \$ 150 dollars requested.

Very truly yours,

By: 

Ernesto Villarroel
President Neptuno Security Services

Attachment # 700000 113766
B700000895

Form **SS-4**
(Rev. February 1996)
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

1 Name of applicant (legal name) (see instructions)
NEPTUNO SECURITY SERVICES, INC

2 Trade name of business (if different from name on line 1)
2642 NW 97 AVE.

3a Mailing address (street address) (room, apt., or suite no.)
2642 NW 97 AVE.

3b City, state, and ZIP code
MIAMI FLORIDA 33172

4 County and state where principal business is located
FLORIDA

5 Name of principal officer, general partner, grantor, owner, or trustee • SSN or ITIN may be required (see instructions) ►
ERNEST VILLARROEL

6a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 6a.

<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) ► WHOLESALE
<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) ►	

6b If a corporation, name the state or foreign country
(if applicable) where incorporated
FLORIDA

7 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

8 Date business started or acquired (month, day, year) (see instructions)
01/01/2001

9 Closing month of accounting year (see instructions)
DECEMBER

10 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 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
2	0	0

12 Principal activity (see instructions)

13 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

14 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 checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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15a 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.

15b If you checked "Yes" on line 15a, 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 (month, day, year) City and state where filed Previous EIN

Under penalty 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 sign or print clearly) **ERNESTO VILLARROEL**
PRESIDENT

Signature

Please leave blank

For Paperwork Reduction Act Notice, see page 4.
DXA

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

Ind Date Reason for applying

Date **01-03-2001**

Business telephone number (include area code)

Fax telephone number (include area code)

Form SS-4 (Rev. 2-96)

FROM : Panasonic FAX SYSTEM

Attachment # T00000113766
80060895

July 03, 2001

Department of the Treasury
Internal Revenue Service
Tallahassee, Florida

RE: Application for Employer Identification Number for Neptuno Security Services, Inc.

Dear Sirs:

Hereby I am sending you copy of the application send in January 03, 2001 .

We really appreciate all the help you could provide in order to obtain a EIN number.

We do not understand what had happened with our previous request but we have not been able to receive this number.

Base on time elapsed we asked you kindly if you could send this number urgently to the following
Fax: 305- 477 9393. Our new address 15998 SW 137 Avenue , Miami , Florida 33177

Thanks in advance for your understanding

Very truly yours,



For: Ernesto Villarroel
President of Neptuno Security Services