

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90056 007 \*\*\*158.75

**DOCUMENT # P01000019700**

1. Entity Name

**LIVE OAKS OF SOUTH FLORIDA, INC.**

Principal Place of Business

**111 SW 3 STREET 6TH FL  
MIAMI FL 33130**

Mailing Address

**111 SW 3 STREET 6TH FL  
MIAMI FL 33130**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT  
111 SW 3 STREET 6TH FL  
MIAMI FL 33130**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **GARCIA-CARRILLO, PEDRO**  
STREET ADDRESS **14425 COUNTRY WALK DR**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☐ Delete  
NAME **HARRIS, ELLIOTT**  
STREET ADDRESS **111 SW 3 STREET 6TH FL**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRET (0/0/01)

Attachment


Doc. # 01000019702  
751244

Form **SS-4**  
(Rev. April 1991)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN **751244**  
OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) <b>Live Oaks of South Florida, Inc.</b>				
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name		
	4a Mailing address (street address) (room, apt., or suite no.) <b>111 S.W. 3rd Street, 6th Floor</b>		5a Address of business (See instructions.)		
	4b City, state, and ZIP code <b>Miami, Florida 33130</b>		5b City, state, and ZIP code		
	6 County and state where principal business is located <b>Dade County, Florida</b>				
	7 Name of principal officer, grantor, or general partner (See instructions.) ▶ <b>Elliott Harris, President, S.S. # 140-22-0055</b>				
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Individual SSN <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) If nonprofit organization enter GEN (if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ <b>Corporation for profit</b>				
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country <b>None</b>		State <b>Florida</b>	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>February 23, 2001</b>		11 Enter closing month of accounting year. (See instructions.) <b>December</b>			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ <b>n/a</b>					
13 Enter 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."		Nonagricultural <b>-0-</b>		Agricultural <b>-0-</b>	
14 Principal activity (See instructions.) ▶ <b>Develop/Manage/Lease Real Property</b>		Household <b>-0-</b>			
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
16 To whom are most of the products or services sold? Please check the appropriate box: <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.					
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application. True name ▶ Trade name ▶					
17c Enter approximate date, city, and state where the application was filed and the 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.) ▶ <b>Elliott Harris, President</b>		Telephone number (include area code) <b>(305) 358-0146</b>			
Signature ▶ 		Date ▶ <b>5/16/01</b>			
Note: Do not write below this line. For official use only.					
Please leave blank ▶ Geo.		Ind.		Class	
Size		Reason for applying			