

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90221 047 ***150.00

DOCUMENT # P01000070647

1. Entity Name

8250 WEST Sunrise, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8200 W. Sunrise Blvd

3. Mailing Address

Suite, Apt. #, etc.

C-6

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL.

City & State

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TERALD C. CANTOR

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd #265 S

City

Hollywood

FL

Zip Code

33021

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, typewritten or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY, ST, ZIP
D.P.
Robert St. Rubin, Jr. - 7
8200 W. Sunrise Blvd C-6
Sunrise, FL 33322

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information contained 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 on an attachment with an address, with all other like representations.

SIGNATURE:

Robert St. Rubin, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/02

CR2E034B (12/01)

ATTACH # P01000020047/048804

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.)

EIN

OMB No. 1545-0033

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

8250 WEST SUNRISE 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.)

8200 W. Sunrise Blvd. #C-6

5a Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code

PLANTATION, FL. 33322

5b City, state, and ZIP code**6** County and state where principal business is located

BROWARD Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶

Robert St. Aubin, JR. 114-44-1714

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) ▶☐ Trust☐ Federal government/military

(enter GEN if applicable)

Subchapter S

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) ▶

Auto claims adjusting

☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Other (specify) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶**10** Date business started or acquired (month, day, year) (see instructions)

2/26/01

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)

N/A

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

14 Principal activity (see instructions) ▶

Auto claims adjusting

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶☐ Yes☒ No**16** To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ▶☒ Business (wholesale)☒ N/A**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.☐ Yes☒ No**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)

(954) 476-9571

Fax telephone number (include area code)

()

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

Robert St. Aubin, JR.

Signature ▶

Robert St. Aubin, JR.

Date ▶

2/27/02

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

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying