# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

7940 NW 167 TR

MIAMI FL 33016

### P01000020725 DOCUMENT #

1. Entity Name

7940 NW 167 TR

MIAMI FL 33016

Principal Place of Business

QUEST AT THE BEACH, INC.



# **FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90496 042 \*\*\*150.00

10007408



	_									
2. Principal	Place of Busin	ness	3. Mai	3. Mailing Address					Bill   Bill   Bill   Bill	
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ite		City	City & State			- 1	FEI Number <b>-59-4773448</b>	I	Applied For
Zip	f	Country	Zip		Cour	ntry		Certificate of Status Desired	\$8.75 Ac	dditional red
	and Address of Cu	ırrent Registere	d Agent			7.	Name and Address of New Register			
T004 100051						Name				
TOCA, JORGE L						Street Address (P.O. Box Number is Not Acceptable)				
7940 NW 167 TR										
MIAMI FL	33016									
						City FL Zip Code				
8. The above	named entity	y submits this statem	nent for the purpo	ose of changing it	ts realster	Led office or re-	gistered ag	ent, or both, in the State of Florida. I		and accept
the obliga	tions of regist	ered agent.	, ,	3 3 .			9.0.0.00 09	one, or board, in the oracle of Florida. T	air ranniai wili	, and accept
SIGNATURE										,
		or printed name of registered	agent and title if appl	icable. (NO	TE: Registere	d Agent signature r	equired when re	einstating) DA	TE	
F	ILE NOW!!	! FEE IS \$150.0	0			16.11	-			
After May 1, 2003 Fee will be \$550.00								Election Campaign Financing     Trust Fund Contribution.	\$5.0	00 May Be
Make Chec	k Payable to	Florida Departme	ent of State					irust Fund Contribution.	Adde	d to Fees
10.	l non	OFFICERS	AND DIRECTOR	· <u> </u>	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
TITLE NAME	PSD Toca, Joi	DCE I		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	7940 NW				NAME	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL					ST-ZIP				ļ
TITLE	<u>_</u>		·	☐ Delete	TITLE				☐ Change	Addition
NAME					NAME				□ слапуе	☐ Addition
STREET ADDRESS					STREE	T ADDRESS				
CITY-ST-ZIP		<del></del>			CITY-	ST-ZIP				
TITLE				Delete -	a TITLE			the second secon	- Change	Addition
NAME STREET ADDRESS					NAME	!				
CITY-ST-ZIP						T ADDRESS ST-ZIP				
TITLE		*	<del></del>	☐ Delete		31-21	. "			
NAME				L Delete	TITLE	j			Change	Addition
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					CITY-	ST-ZIP				
TITLE			<u> </u>	☐ Delete	TITLE				☐ Change	☐ Addition
NAME					NAME					
STREET ADDRESS CITY-ST-ZIP						T ADDRESS				
	<del></del> -	<del></del>	<del></del>		CITY-	ST-ZIP				
TITLE NAME				☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS					NAME STREE	F ADDRESS				
CITY-ST-ZIP	:				CITY-S					
12. I hereby c	ertify that the	information supplied	with this filing d	oes not qualify for			n Section 1	19.07(3)(i), Florida Statutes, Lfurther (	cortify that the	formation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 04-17-2001
NUMBER OF THIS NOTICE: CP 575 G
EMPLOYER IDENTIFICATION NUMBER: 65-1090783
FORM: SS-4 (TELE-TIN)
# POI 00020750716933151 B

10007408

FOR ASSISTANCE CALL US AT:

QUEST AT THE BEACH INC % PRO MANAGEMENT 8012 WILES RD STE 7 CORAL SPRINGS FL 33067

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 65-1090783. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

#### Form 1120

#### 03/15/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.