

# 2602 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91715 004 \*\*\*150.00

**DOCUMENT # P01000030032**

1. Entity Name  
**SME WORLDWIDE USA, INC.**

Principal Place of Business Mailing Address  
**58 NE 7 STREET 58 NE 7 STREET**  
**MIAMI FL 33132 MIAMI FL 33132**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

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

**BLUMENSTINE, MARC L**  
**58 NE 7 STREET**  
**MIAMI FL 33132**

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]* DATE  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	BLUMENSTINE, MARC L	
STREET ADDRESS	1351 NW 124 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAGMAN, TAMMY L	
STREET ADDRESS	3601 FARAGUT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date Daytime Phone

2034 (9/01)

*Attachment*

*97202*  
*# PO1000030032*

**RICHARD A. SPAHN & ASSOCIATES, P.A.**  
ACCOUNTING AND TAX CONSULTANTS

PROFESSIONAL BUILDING  
6752 PINES BLVD  
PEMBROKE PINES, FLORIDA 33024

TEL: (954) 430-7675  
FAX: (954) 430-7674

PROFESSIONAL BUILDING  
3442 S.E. LAKE WEIR ROAD  
OCALA, FLORIDA 34471

TEL: (352) 351-1216  
TEL: (352) 732-2104  
FAX: (352) 671-5373

JULY 09, 2002

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS

RE: SME WORLDWIDE USA, INC.  
PO1000030032

THE TAXPAYER REQUESTED THAT I WRITE YOU  
CONCERNING THE MISSING EIN.

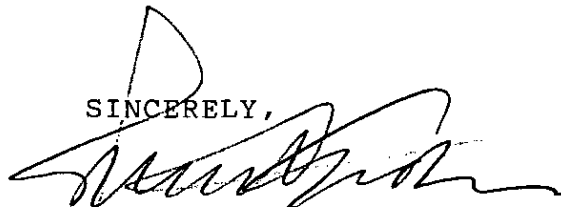
PLEASE NOTE THAT THE CORPORATION WAS A DORMANT  
BUSINESS, HOWEVER, IT WAS ASSUMED THAT THE ATTORNEY ACQUIRED THE  
FID# AT THE TIME OF INCORPORATION.

I AM THE ACCOUNTANT FOR THIS CORPORATION AND  
HAVE APPLIED FOR THE EIN, COPY ATTACHED, AND HAVE FAXED THIS  
INFORMATION TO THE IRS AND WE SHOULD HAVE THIS NUMBER WITHIN 4 DAYS.

PLEASE EXTEND YOUR DEADLINE ANOTHER FEW DAYS.

I CALLED YOUR OFFICE AND THE PERSON ANSWERING THE  
PHONE INDICATED THAT THEY COULD NOT MARK THE CORPORATION'S RECORDS AND  
ADVANCE THE DUE DATE ANOTHER 30 days SO AS A RESULT I AM WRITING THIS  
LETTER.

SINCERELY,



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.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>S M E WORLDWIDE USA INC</b>	
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.) <b>58 NE 7TH ST.</b>	5a Business address (if different from address on lines 4a and 4b) <b>#PO BOX 03032</b>
4b City, state, and ZIP code <b>MIAMI FLORIDA 33132</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>DADE FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ <b>594-07-2294</b> <b>MARC L BLUMENSTINE</b>	

## 8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<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) ▶ <b>FOR PROFIT</b>
<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) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country <b>N/A</b>
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>421.700</b> <b>SALES OF INDUSTRIAL PRODUCTS CRUISE SHIPS</b>	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) <b>03-23-01</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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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) . . . . .	<b>10-01-02</b>
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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
	<b>02</b>	<b>00</b>	<b>00</b>

14 Principal activity (see instructions) ▶ <b>SALES - INDUSTRIAL PRODUCTS - CRUISE SHIP</b>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ <b>EXPORT &amp; CRUISE SHIPS</b>	<input type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Note: If "Yes," please complete lines 17b and 17c.

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 ▶ <b>N/A</b> Trade name ▶ <b>N/A</b>

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
<b>N/A</b> <b>N/A</b> <b>N/A</b>

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>MARC L. BLUMENSTINE PRESIDENT</b>	Business telephone number (include area code) <b>(305) 389-7666</b>
	Fax telephone number (include area code) <b>(305) 373-7820</b>

Signature ▶ <b>Marc L. Blumenstine</b>	Date ▶ <b>07/06/02</b>
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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