

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-01-2003 90394 034 ***150.00

2003 FORD PROPRY CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P01000033397

1. Entity Name

DIANE INVESTMENT INTERNATIONAL, INC.



2. Principal Place of Business

100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132

3. Mailing Address

100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132

4. Principal Place of Business

5. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

71-0949411

7. Filing Date

8. Filing Date

9. Continuation of Status (Required)

10. S.A. Address

Fee Required

11. Name and Address of Current Registered Agent

12. Name and Address of New Registered Agent

BENICHAY, BRIGITTE

100 N. BISCAYNE BLVD., STE. 2904
MIAMI FL 33132

Name

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

City

FL

Zip Code

13. This document is only a form and does not constitute a filing for the purpose of changing the registered office or registered agent, or both, in the State of Florida. The filer is responsible for the obligations of registered agents.

SIGNATURE

Benichay

4/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

14. Election Change on Filing

15. Initial Contribution

16. May Be

17. Added to Fee

18. OFFICERS AND DIRECTORS

19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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Attachment
55047971
PO1000033397

Form **SS-4**
(Rev. December 1993)
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

71-0949411

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) DIANE INVESTMENT INTERNATIONAL INC	
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.) 100 N BISCAYNE BLVD # 2904	5a Business address, if different from address in lines 4a and 4b
4b City, state, and ZIP code MIAMI FL 33132	5b City, state, and ZIP code
6 County and state where principal business is located DADE	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) BRIGITTE BENICHAY 592-820194	

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

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	<input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable)	
<input checked="" type="checkbox"/> Other (specify) CORPORATION		

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
-------	-----------------

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) 04/03/2001	<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.) **04/03/2001**

11 Enter closing month of accounting year. (See instructions.)

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)

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	Agricultural	Household
0		

14 Principal activity (See instructions.) **REAL ESTATE**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Business (wholesale)
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17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name **Rich Homes of Florida** 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
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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)

Name and title (Please type or print clearly.) **DE LA CLERGERIE ANORE PRESIDENT** **305-379-7202**

Signature **De la Clergerie** President Date **6/21/02**

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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