

2002 UNIFORM BUSINESS REPORT (UBR)

0213824 AV

DOCUMENT # P01000084237

1. Entity Name
VOLO USA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -4 PM 4:01

Principal Place of Business
C/O POST & ROMERO
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES FL 33134

Mailing Address
C/O POST & ROMERO
3195 PONCE DE LEON BLVD SUITE 400
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent LAW OFFICE OF CARLOS A. ROMERO, JR., P.A. 3195 PONCE DE LEON BLVD SUITE 400 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, # 201 City MIAMI FL Zip Code 33145			
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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 *Severin Wilkerson*
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLODARSKY, ISAIAS 3195 PONCE DE LEON BLVD SUITE 400 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100005692711-3 -06/05/02-01057-013 ****150.00 ****\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLODARSKY, EFRAIN 3195 PONCE DE LEON BLVD SUITE 400 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VOLODARSKY, SAMUEL ALEJANDRO 3195 Ponce De Leon Blvd, 400 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100005692711-3 -06/05/02-01057-013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Severin Wilkerson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

Date Daytime Phone #

CR2E034 (9/01)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested VOLO USA, INC.		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. Box) 8925 COLLINS AVENUE, UNIT 3-A	5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state and ZIP code SURFSIDE, FLORIDA 33154	5b City, state, and ZIP code	
6 County and state where principal business is located MIAMI-DADE		
7a Name of principal officer, general partner, grantor, owner, or trustor SAMUEL A. VOLODARSKY	7b SSN, ITIN, or EIN	

8a Type of entity (check only one box)

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 | <input type="checkbox"/> Trust (SSN of grantor) |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises |
| <input type="checkbox"/> Other (specify) ▶ | Group Exemption Number (GEN) ▶ |

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)

- | | |
|---|--|
| <input type="checkbox"/> Started new business (specify type) ▶ | <input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ OPEN BANK ACCOUNT |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business |
| <input checked="" type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Created a trust (specify type) ▶ |
| | <input type="checkbox"/> Created a pension plan (specify type) ▶ |

10 Date business started or acquired (month, day, year)

PRESENTLY INACTIVE

11 Closing month of accounting year

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) ▶ **NONE**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "-0-." ▶

Agricultural	Household	Other
		3

14 Check one box that best describes the principal activity of your business.

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance | <input type="checkbox"/> Wholesale - agent/broker |
| <input checked="" type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Wholesale - other |
| | | | <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Retail |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

INVESTMENTS

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c 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

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

AMADA LOPEZ CANTERA

Designee's telephone number (include area code)

305-854-1040

Address and ZIP code **2300 CORAL WAY, SUITE 201**

Designee's fax number (include area code)

MIAMI, FLORIDA 33130

305-860-8575

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 (type or print clearly) ▶ **SAMUEL ALEJANDRO VOLODARSKY**

Applicant's telephone number (include area code)

305-867-3310

Signature ▶

Date ▶ **4-29-02**

Applicant's fax number (include area code)

305-860-8575

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)