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FILED
Aug 27, 2002 8:00 am
Secretary of State

05-06-2002 90201 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084376

1. Entity Name
NICOYA INTERNATIONAL INC.

Principal Place of Business
12256 SW 131 AVE
MIAMI FL 33186

Mailing Address
12256 SW 131 AVE
MIAMI FL 33186

42287

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

7. Name and Address of New Registered Agent

SIMMONS, BRIAN
12256 SW 131 AVE
MIAMI FL 33186

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PVT
SIMMONS, GONZALO B
12256 SW 131 AVE
MIAMI FL 33186

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00 305-3856000

CR2E04 (9/01)

Attachment PO100000848761

Application for Employer Identification Number

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

EIN

42287

OMB No. 1545-0003

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

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested NICOLA INTL INC	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1225B SW 131 AVE	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code MIAMI FL 33126	5b City, state, and ZIP code
	6 County and state where principal business is located DADE FLORIDA	
	7a Name of principal officer, general partner, grantor, owner, or trustee	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) ▶	<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	Foreign country
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9 Reason for applying (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<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 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) **5/5/02**

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) **8**

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-."

Agricultural	Household	Other
0	0	0

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"/> Accommodation & food service	<input checked="" type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Wholesale-other
				<input type="checkbox"/> Retail

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

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 ▶
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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) 8/2/02	City and state where filed MIAMI FL	Previous EIN
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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.

Third Party Designee	Designee's name	Designee's telephone number (include area code) 305 385 6000
	Address and ZIP code	Designee's fax number (include area code) ()

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) BRIAN SIMMONS	Applicant's telephone number (include area code) 305 385 6000
Signature ▶	Applicant's fax number (include area code) 305 385 6000
Date ▶ 8/2/02	

Attachment 42287 [REDACTED]
PO1000084376

AUGUST 2, 2002

DEAR SIRS/MADAMS:

FIND ENCLOSED A COPY OF THE SS-4 APPLICATION, WHICH I HAVE SENT OUT TODAY TO THR IRS. YOUR OFFICE INFORMED ME THAT THAT I HAD NOT CHECKED THE FEIN APPLIED FOR BOX AND THAT I NEEDED ONE REGARDLESS OF THE COMPANY BEING ACTIVE OR NOT (ITS NOT ACTIVE AT THE PRESENT TIME). I IMMEDIATELY CONTACTED IRS OFFICES IN MIAMI, NONE OF THEM HAD ANY SS-4 FORMS I COULD PICKUP.

I CALLED THE IRS OFFICE IN ATLANTA AND THEY SAID I WOULD HAVE IT IN TWO WEEKS, IT TOOK THEM SIX WEEKS (I RECIEVED IT THIS PAST SATURDAY).

SINCE I PAID THE YEARLY FEE AND SENT THE YEARLY REPORT ON TIME AND NOW AM ON TRACK , I REQUEST THAT YOU WAIVE THE LATE FILING FEE.

THANK YOU FOR KIND ATTENTION TO THIS REQUEST.

SINCERELY,


BRIAN SIMMONS

Station	Quantity	Line No.	Batch No.	Order No.
21 43	1	N25	20020607	13
21 44	2	N25	20020607	13

SUBTYPE T TELEPHONE

Message

1 X
2 F
1 I

ENVELOPE 250 63172B
SS-4 16055N
SS-4 62736P

Attachment
42287
P 01000084376

Internal Revenue Service
4300 Carolina Avenue
Richmond, VA 23222

FIRST CLASS MAIL
POSTAGE AND FEES PAID
OFFICIAL BUSINESS INTERNAL REVENUE SERVICE
PENALTY FOR PERMIT # G-48
PRIVATE USE \$300



0607002701300P

BRYAN SIMMONS
7273 SW 112TH PLACE CIR
MIAMI FL 33173-2641

BBN

