


FILED
Jun 02, 2003 8:00 am
Secretary of State

04-24-2003 90231 031 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000097872			
1. Entity Name BUILDERS CONSULTING 2000, INC.			
Principal Place of Business 1222 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304		Mailing Address 1222 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent LABOSSIERE, MARC 1222 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POIRIER, MICHAEL 4720 DES PEUPLIERS LA DORE 0636J 1Y3 <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	D PULZE, BERNARD 2215 CYPRESS ISLAND DR., #807 POMPANO BEACH FL-33069 <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
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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
12. 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, 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 address, with all other like empowered.			
SIGNATURE: SONIA TATE REQUIRED		04/12/03 954-609-4909	
SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR		Date Daytime Phone #	

55045845

☐ CHECK HERE IF MAKING CHANGES

APPLIED FOR

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

*no any
to come at this time
B.V.
05/29/03*

CR2E004 (10/02)

Attachment

SS-4

Application for Employer Identification Number

Form
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(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

1 Legal name of entity (or individual) for whom the EIN is being requested

BUILDERS CONSULTING 2000 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)

C/O 1222 NE 4TH AVENUE

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

FORT LAUDERDALE, FL 33304

5b City, state, and ZIP code

6 County and state where principal business is located

BROWARD FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustor

BERNARD PIUZE

7b SSN, ITIN, or EIN

591238680

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) 1120

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

Group Exemption Number (GEN)

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

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)

☒ Started new business (specify type)

CONSULTING

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify)

☐ Banking purpose (specify purpose)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Created a pension plan (specify type)

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

10/5/2001

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)

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

NA

Household

NA

Other

NA

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

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☒ Other (specify)

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☐ Wholesale - agent/broker

☐ Wholesale - other

☐ Retail

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

CONSULTING

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

Designee's telephone number (include area code)

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) BERNARD PIUZE DIRECTOR

Signature

Date 5/8/2003

Applicant's telephone number (include area code)

Applicant's fax number (include area code)

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