

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109109

1. Entity Name

BISCAYNE BAY FLAG CO.

Principal Place of Business

41 NW 10TH ST.
MIAMI FL 33130

Mailing Address

POST OFFICE BOX 0100227
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-2174045

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

REILLY, PHILIP ESO.
3905 NW 31ST AVE
MIAMI FL 33142

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
REILLY, ROBERT M
41 NW 10TH ST.
MIAMI FL 33130 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDV
REILLY, PHILIP
41 NW 10TH ST.
MIAMI FL 33130 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-22-2002 90119 040 ***150.00

39399

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

39399

PD/00069/09

No employees have been used.
No real business except preliminary
has been done.

I do not think a EIN Number FEN No,
is required yet,
But you want it, here it is. Fill it in the
computer phase.

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Attachment**
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

35-2174045

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) BISCAYNE BAY FLAG CO.	3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1)	5a Business address (if different from address on lines 4a and 4b)
4a Mailing address (street address) (room, apt., or suite no.) 810 Barry St	5b City, state, and ZIP code
4b City, state, and ZIP code Miami Beach, FL	
6 County and state where principal business is located DADE COUNTY FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) Robert M. Reilly	263-24-5977

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) ▶ Sales, Patent Development |
| <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

FL

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type)☐ Purchased going business☐ Created a trust (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Other (specify) ▶

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

Nov 14 2001

11 Closing month of accounting year (see instructions)

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)

N/A

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

14 Principal activity (see instructions) ▶

Development of Patent Rights

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes☒ No

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

☐ Public (retail)☐ Other (specify) ▶☒ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business?

☒ Yes☐ No

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 ▶ **Miami Beach Army Co., Inc.**Trade name ▶ **Miami Army Co.**

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

1957**Miami Beach, FL**

Previous EIN

59-0833550

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)

(305) 531-1512

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶

Robert M. Reilly

Signature ▶

Robert M. Reilly

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying