

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-16-2002 90125 023 ***150.00

DOCUMENT # P01000116089

1. Entity Name
WIND MAIL CORP.

Principal Place of Business

**1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE FL 33009**

Mailing Address

**1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE FL 33009**

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

☒ 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

LEDUC, REJEAN

**1001 NORTH FEDERAL HIGHWAY
SUITE 202
HALLANDALE FL 33009**

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
**PSTD
MAILLOT, DOMINIQUE
320 BAJE LONGUE, 97150 SAINT-MARTIN
FRENCH WEST INDIES** ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # 001000116089

33099

MESSAGE CONFIRMATION

MAY-01-2002 12:04 WED

FAX NUMBER: 954 457 0089

NAME : USA DIRECT CORP

NAME/NUMBER : 16316873891
 PAGE : 001
 ELAPSED TIME : 00' 34"
 MODE : G3 STD ECM
 RESULTS : [O.K]

Form **SS-4**
 (Rev. February 1998)
 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.)
 ▶ Keep a copy for your records.

EIN _____
 OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
 DOMINIQUE MAILLOT

2 Trade name of business (if different from name on line 1)
 WIND MAIL CORP.

3 Executor, trustee, "care of" name _____

4a Mailing address (street address) (room, apt., or suite no.)
 1001 NORTH FEDERAL HIGHWAY, SUITE 201

5a Business address (if different from address on lines 4a and 4b) _____

4b City, State, and ZIP code
 HALLANDALE, FL 33009

5b City, State, and ZIP code _____

6 County and state where principal business is located
 BROWARD, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ _____
 DOMINIQUE MAILLOT - SEE FRENCH PASSPORT ATTACHED

8a Type of entity (Check only one box.) (see instructions)
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) _____
☐ Partnership ☐ Personal service corp.
☐ REMIC ☐ National Guard
☐ State/local government ☐ Farmers' cooperative
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)
☐ Other (specify) ▶ _____

☐ Estate (SSN of decedent) _____
☐ Plan administration (SSN) _____
☒ Other corporation ▶ FL PROFIT
☐ Trust
☐ Federal government/military

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.) (see instructions)
☒ Started new business (specify) ▶ PROPERTY MANAGEMENT
☐ Banking purpose (specify purpose) ▶ _____
☐ Changed type of organization (specify new type) ▶ _____
☐ Purchased going business
☐ Created a trust (specify type) ▶ _____
☐ Other (specify) ▶ _____

☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
 December 7, 2001

11 Closing month of accounting year (see instructions)
 12/31/2002

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- (see instructions) _____

14 Principal activity (see instructions) ▶ PROPERTY MANAGEMENT

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) ☐ N/A

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 ▶ _____ Trade name ▶ _____

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 Previous EIN
 December 7, 2001 TALLAHASSEE, FLORIDA -

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 (Please type or print clearly.) ▶ DOMINIQUE MAILLOT, PRESIDENT

Signature ▶ *[Signature]* Date ▶ 04/03/02

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

Please leave blank ▶ Geo. Ind. Class Size Reason for applying

For Paperwork Reduction Act Notice, see page 4. Cal. No. 16055N Form **SS-4** (Rev. 2-98)

Attachment # PO1000116089-
33099

Form **SS-4**

(Rev. February 1998)
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.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1	Name of applicant (legal name) (see instructions) DOMINIQUE MAILLOT		
	2	Trade name of business (if different from name on line 1) WIND MAIL CORP.	3	Executor, trustee, "care of" name
	4a	Mailing address (street address) (room, apt., or suite no.) 1001 NORTH FEDERAL HIGHWAY, SUITE 201	5a	Business address (if different from address on lines 4a and 4b)
	4b	City, State, and ZIP code HALLANDALE, FL 33009	5b	City, State, and ZIP code
	6	County and state where principal business is located BROWARD, FLORIDA		
	7	Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► - -		
	7		Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► DOMINIQUE MAILLOT - SEE FRENCH PASSPORT ATTACHED	

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 administration (SSN) - -
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation FL PROFIT
<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 **FLORIDA** Foreign country

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify) PROPERTY MANAGEMENT	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchase going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
December 7, 2001

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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
0	0	0

14 Principal activity (see instructions) ► **PROPERTY MANAGEMENT**

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
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December 7, 2001 TALLAHASSEE, FLORIDA -

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 (Please type or print clearly.) ► **DOMINIQUE MAILLOT, PRESIDENT**

Business telephone number (include area code)
(954) 457-9070

Fax telephone number (include area code)
(954) 457-0089

Signature ►  Date ► **04/03/02**

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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