

4/15/

FILED
May 28, 2002 8:00 am
Secretary of State

04-15-2002 90024 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119553

1. Entity Name

DEERFIELD PARK DEVELOPERS, INC.

Principal Place of Business

6350 N ANDREWS AVE. #100
 FT LAUDERDALE FL 33309

Mailing Address

6350 N ANDREWS AVE. #100
 FT LAUDERDALE FL 33309

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.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERRITS, ANDREW

6350 N ANDREWS AVE, #100

FT LAUDERDALE FL 33309

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FALTERBAUER, HARRY**
 CITY-ST-ZIP **150 N FEDERAL HWY 2008**
FT LAUDERDALE FL 33301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 like empowered.

SIGNATURE:

Harry Falterbauer **Harry Falterbauer** 4/4/02 954 803 6663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/01)

attachment 30336

PU1000119553

Form **SS-4**

Application for Employer Identification Number

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Deerfield Park Developers, Inc.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 6350 N. Andrews Ave		5a Business address (if different from address on lines 4a and 4b) 150 N. Federal Hwy, #200B
	4b City, state, and ZIP code Ft. Lauderdale, FL 33309		5b City, state, and ZIP code Ft. Lauderdale, FL 33428
	8 County and state where principal business is located Broward County, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► Harry Fatterbauer - SS#-200-46-9691			
8a Type of entity (Check only one box.) (See instructions.)			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ► <input checked="" type="checkbox"/> Other (specify) ► Corporation			<input type="checkbox"/> Personal service corp. <input type="checkbox"/> Limited liability co. <input type="checkbox"/> National Guard
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"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►
<input checked="" type="checkbox"/> Started new business (specify) ► Real Estate Development <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) 12/18/01		11 Closing month of accounting year (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., 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.) ► Construction/Development			
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►			<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 12/18/01 Ft. Lauderdale, 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.			Business telephone number (include area code) (954) 803-6663 Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **Harry Fatterbauer, President**

Signature ► **Harry Fatterbauer**

Date ► **4/29/02**

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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