2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

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1. Entity Name
JUANITO CHICHERO, CORP.

[redacted]

Principal Place of Business	Mailing Address
780 N W 42ND AVE.	780 N W 42ND AVE.
SUITE 420	SUITE 420
MIAMI FL 33126	MIAMI FL 33126

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 20-0031899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
780 N W 42ND AVE.
SUITE 420
MIAMI FL 33126

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MARTINI, ALBERTO	
STREET ADDRESS	780 N W 42ND AVE., SUITE 420	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	☐ Delete
NAME	MACHADO, JUAN CARLOS	
STREET ADDRESS	780 N W 42ND AVE., SUITE 420	
CITY-ST-ZIP	MIAMI FL 33126	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 or 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 an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 550477108
#P0000090609

Form SS-4 — Application for Employer Identification Number

(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: 20-0031899

OMB No. 1545-0003

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

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)
780 NW 42 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
County Dade State FL

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

7b SSN, ITIN, EIN
055-66-9426

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ Profit Organization
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption No. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

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)

- ☑ Started new business (specify type) ▶ **Beverage Manufacture**
- ☐ 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)
JUN 1 2002

11 Closing month of accounting year
MAY

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 twelve months **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶

Agriculture	Household	Other
0	0	0

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

- ☐ Construction
- ☐ Real estate
- ☐ Other (specify)
- ☐ Rental & leasing
- ☑ Manufacturing
- ☐ Transportation & warehousing
- ☐ Finance & insurance
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Retail
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other

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

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 (month, day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete 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: Daniel Couttenye
Address and ZIP code: 9999 NW 89 Ave Unit 4 MEDLEY FL 33178 -
Designee's telephone number (include area code): (954) 394 - 8428
Designee's fax number (include area code): (305) 805 - 2255

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) ▶ Alberto martini Pietri
Signature ▶ **Not Required** Date ▶ June 06, 2003 GMT

Applicant's telephone number (include area code): (305) 805 - 2233
Applicant's fax number (include area code): (305) 805 - 2255