


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91179 020 ***150.00

DOCUMENT # PD2000107928	
1. Entity Name Vanessa Mazzeo PA	

90129881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 440 SW 18 TE Suite, Apt. #, etc.		3. Mailing Address 440 SW 18 TE Suite, Apt. #, etc.	
City & State Miami Florida	City & State Miami, FL 33129	4. FEI Number 32-0050645	
Zip 33129	Country USA	Zip 33129	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Vanessa Mazzeo	
	Street Address (P.O. Box Number is Not Acceptable) 440 SW 18 TERRACE	
	City Miami FL	Zip Code 33129

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	all positions (P/V/S/T/D/C/M) Vanessa Mazzeo 440 SW 18 TERRACE Miami FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

4/28/03 / **305 218 2928**

CR2E034B (12/02)

Attachment
90129881
PO2000107928

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(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 32-0050645

OMB No. 1545-0003

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

VANESSA MAZZEO P.A.

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)

440 SW18TH TERRACE

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

4b City, state, and ZIP code

MIAMI, FL 33129

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI-DADE FLORIDA

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

VANESSA MAZZEO

7b SSN, ITIN, or EIN

595-16-1281

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☐ Corporation (enter form number to be filed)

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

☒ Other (specify) PROFESSIONAL SERVICE CORPORATION

☐ 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)

FINANCIAL CONSULTANT

☐ 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)

10/7/2002

11 Closing month of accounting year

OCT 31

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-"

Agricultural 0

Household 0

Other 0

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)

☐ Wholesale - agent/broker

☐ Wholesale - other

☐ Retail

FINANCIAL CONSULTANT

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

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

JUAN A. JIMENEZ

Designee's telephone number (include area code)

(305) 264-4638

Address and ZIP code

8150 SW 8TH STREET SUITE 203, MIAMI FL 33144-4265

Designee's fax number (include area code)

(305) 266-9028

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)

VANESSA MAZZEO

Applicant's telephone number (include area code)

(305) 266-5881

Signature

Date 1/7/2003

Applicant's fax number (include area code)

(305) 266-8282

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

(HTA)

Form SS-4 (Rev. 12-2001)