


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

05-05-2003 91179 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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.

DO NOT WRITE IN THIS SPACE

City & State **Miami Florida** City & State **Miami, FL 33129** 4. FEI Number **32-0050645** Applied For
 Not Applicable

Zip **33129** Country **USA** Zip **33129** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (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	all positions (P/V/S/T/D/C/M)	TITLE	
NAME	Vanessa Mazzeo	NAME	
STREET ADDRESS	440 SW 18 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Vanessa Mazzeo** 4/28/03 / 305 218 2928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment
 90129881
 P02000107928

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)

<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input checked="" type="checkbox"/> Other (specify) PROFESSIONAL SERVICE CORPORATION	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) _____
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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 checked="" type="checkbox"/> Started new business (specify type) FINANCIAL CONSULTANT <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____
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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.

<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) FINANCIAL CONSULTANT	
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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 *Vanessa Mazzeo* Date **1/7/2003** Applicant's fax number (include area code)
(305) 266-8282