


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 14, 2004 8:00 am
Secretary of State

04-23-2004 90228 003 ***158.75

| | |
|---|---|
| DOCUMENT # P03000147349 |  |
| 1. Entity Name UNIVERSAL SEALING APPLICATIONS, INC. | |

| | |
|--|--|
| Principal Place of Business 7236 NW 72ND AVE MIAMI, FL 33166 | Mailing Address 7236 NW 72ND AVE MIAMI, FL 33166 |
|--|--|

66421846



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

04202004 Chg-P CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 20-0499104 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HOLDEN, GEORGE 11800 BERRY DRIVE COOPER CITY, FL 33126 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLDEN, GEORGE 11800 BERRY DRIVE COOPER CITY, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: George A. Holden George A. Holden **4/20/04 (305) 805-9920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66421846
P03000147349

| | | | | | |
|---|---|---|--|--|--|
| 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 20-0499104 OMB No. 1545-0003 | |
| 1* Legal name of entity (or individual) for whom the EIN is being requested <u>UNIVERSAL SEALING APPLICATIONS LLC</u> | | | | | |
| 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) <u>7236 NW 72ND AVE</u> | | | 5a Street address (if different) (Do not enter a P.O. box) | | |
| 4b* City, state, and ZIP code <u>MIAMI FL 33166</u> | | | 5b City, state, and ZIP code | | |
| 6* County and state where principal business is located County <u>DADE</u> State <u>FL</u> | | | | | |
| 7a* Name of principal officer, general partner, grantor, owner, or trustee <u>GEORGE HOLDEN</u> | | | 7b* SSN, ITIN, EIN <u>526-44-9361</u> | | |
| 8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <u>1120</u> <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ | | | | | |
| <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"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ | | | | | |
| <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises | | | | | |
| 8b* If a corporation, name the state or foreign country (if applicable) where incorporated | | State <u>FL</u> | | Foreign country | |
| 9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>CORPORATION</u> <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) ▶ | | | | | |
| 10* Date business started or acquired (month, day, year) <u>DEC 4 2003</u> | | | 11* Closing month of accounting year <u>DEC</u> | | |
| 12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ <u>APR 1 2004</u> | | | | | |
| 13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶ | | | | Agriculture <u>0</u> | Household <u>0</u> |
| 14* Check 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"/> Other (specify) | | | | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail | <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Wholesale-other |
| 15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>PLASTIC SEALS</u> | | | | | |
| 16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i> | | | | | |
| 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 ▶ <u>UNITED SEAL ASSOCIATION LLC</u> 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 <u>JUN 16 1997</u> <u>ATLANTA GA</u> <u>65 - 0761405</u> | | | | | |
| 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 | | | | | |
| Third Party Designee | Designee's name Address and ZIP code | | Designee's telephone number (include area code) () - Designee's fax number (include area code) () - | | |
| | | | | | |
| 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) ▶ <u>JEFFREY D LEMKE CPA</u> Signature ▶ <u>Not Required</u> Date ▶ <u>December 19, 2003 GMT</u> | | | | Applicant's telephone number (include area code) (<u>954</u>) <u>938</u> - <u>9327</u> Applicant's fax number (include area code) (<u>954</u>) <u>938</u> - <u>9327</u> | |