

P1000 0014021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

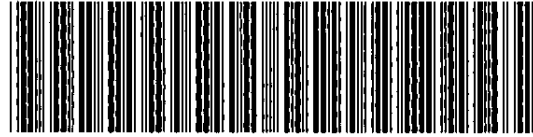
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700180534087

Ac 5/10
E. DENNARD

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Wednesday, May 05, 2010 7:20 PM
To: CorpAddressChange
Subject: FW: Scan from a Xerox WorkCentre Pro
Attachments: Scan001.PDF



Scan001.PDF
(460 KB)

Good afternoon,

P10000014021

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They submitted their DR-1 online application 3/29/2010, and they did not get an account # assigned due to missing FEI/EIN Number.

Can you forward a copy of their online DR-1 to the correct dept, so that a number can finally be assigned?


If you have any questions, please feel free to call me or the client.

Client Contact: Naresh Talwar Tel# 352-789-0906

Thank you for your time.

*Marijke Seidel
Paychex Inc
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645*

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		www.sunbiz.org			
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List	Next on List	Return To List	Entity Name Search		
No Events	No Name History	<input type="button" value="Submit"/>			
Detail by Entity Name					
Florida Profit Corporation					
MINA TANVI INC.					
Filing Information					
Document Number	P10000014021				
FEI/EIN Number	NONE				
Date Filed	02/15/2010				
State	FL				
Status	ACTIVE				
Effective Date	02/18/2010				
Principal Address					
2400 SW COLLEGE RD OCALA FL 34471 US					
Mailing Address					
2400 SW COLLEGE RD OCALA FL 34471 US					
Registered Agent Name & Address					
JOHN, DOMINIC 5225 SE 42ND CT OCALA FL FL US					
Officer/Director Detail					
Name & Address					
Title P					
TALWAR, NARESH 31720 PORTDALE DR LEESEBURG FL 34748 US					
Annual Reports					
No Annual Reports Filed					
Document Images					
02/15/2010 -- Domestic Profit <input type="button" value="View image in PDF format"/>					
Note: This is not official record. See documents if question or conflict.					
Previous on List	Next on List	Return To List	Entity Name Search		
No Events	No Name History	<input type="button" value="Submit"/>			
Home Contact us Document Searches E-Filing Services Forms Help					
Copyright and Privacy Policies Copyright © 2007 State of Florida, Department of State.					

IRS Verification Form

*****Form must be accompanied by a completed 8821*****

IRS EE Name: Miss Garcia

IRS EE Badge ID #: 01-43618

Client's EIN: 27-1922 068

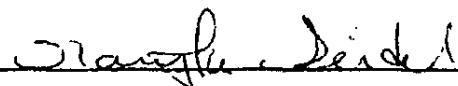
Client's Legal Name: Mina Tanvi Inc

Tanvi Store

Client's Legal Address: 2400 SW College Rd

Ocala FL 34471

Sales Rep: Zach Cox

Signature: 

Verification Date: 3/10/10

Verification Time: 4:46pm

Form **941 for 2010: Employer's QUARTERLY Federal Tax Return**
(Rev. February 2010) Department of the Treasury - Internal Revenue Service

950110

OMB No. 1545-0029

(EIN) Employer identification number	2	7	-	1	9	2	2	0	6	8
Name (not your trade name)	MINA TANVI INC									
Trade name (if any)										
Address	2400 SW COLLEGE RD									
Number	Street				Suite or room number					
OCALA	FL				34471					
City	State				ZIP code					

**Report for this Quarter of 2010
(Check one.)**

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	0
2 Wages, tips, and other compensation	2	9000.00
3 Income tax withheld from wages, tips, and other compensation	3	450.00
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
5 Taxable social security and Medicare wages and tips:		
5a Taxable social security wages	Column 1	Column 2
9000.00	x .124 =	1116.00
5b Taxable social security tips		
	x .124 =	
5c Taxable Medicare wages & tips	9000.00	x .029 =
		261.00
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d).	5d	1377.00
6 Total taxes before adjustments (lines 3 + 5d = line 6)	6	1827.00
7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a Current quarter's fractions of cents		
7b Current quarter's sick pay		
7c Current quarter's adjustments for tips and group-term life insurance		
7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	
8 Total taxes after adjustments. Combine lines 6 and 7d.	8	1827.00
9 Advance earned income credit (EIC) payments made to employees	9	
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	1827.00
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X.		1827.00
12a COBRA premium assistance payments (see instructions).		
12b Number of individuals provided COBRA premium assistance reported on line 12a		
13 Add lines 11 and 12a	13	1827.00
14 Balance due. If line 10 is more than line 13, write the difference here. For information on how to pay, see the instructions.	14	
15 Overpayment. If line 13 is more than line 10, write the difference here.		

☐ Apply to next return.
☐ Check one ☐ Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Form **941** (Rev. 2-2010)

Next →

Registration Interview
Registration Successful

**Quit
Interview**

Print this Page

Naresh Talwar
Mina Tanvi Inc
2400 SW COLLEGE RD
OCALA
FLORIDA 34471 4767

Thank you for submitting your Application to Collect and/or Report Tax in Florida via the Internet. Your application has been successfully transmitted for processing.

Your confirmation number is: 10032972988

You will receive your certificate of registration or notification of liability via U. S. Mail within 7-10 days. If you need to obtain this information sooner, you may come back to the Department's e-Services page and click on "Retrieve it here" after three business days. Go to www.myflorida.com/dor/forms/efile.html (this link will open in a new window; since your certificate number is not yet ready, you may wish to bookmark it for future use). You'll be asked for your confirmation number and the Federal Employer Identification Number or Social Security Number you provided on the application.

To maintain a record of this application you may:

- Print this page containing only the confirmation number, or
- Click the "Back" button below and print a page containing confirmation number and your submissions.



About This Registration**Step 1****How to Recover Your Session****Quit
Interview**

[Print this Page](#)

Your Recovery ID is used to log back onto the system in the event that your connection to the Internet is lost before you have completed the registration, or you are unable to complete your entire registration at one time. Write this number down or print this page.

You will need to enter your **FEI Number or Social Security Number** noted below, in addition to this ID, when you return. You will resume at the last successfully completed page. This ID will expire seven days from the last time you used the application.

SSN: [REDACTED]

FEI Number: 27-1922068**Your recovery ID is: 10032972988**[<< Back](#)[Next >>](#)

Application Review and Submit

Interview Summary

Step 4

**Quit
Interview**

Confirmation Number: 10032972988

If you require further assistance, you may call or visit your local service center:

Alachua Service Center
14107 US Highway 441 Ste 100
Alachua FL 32615-6390
386-418-4444

or call Taxpayer Services at 1-800-352-3671 or 850-488-6800.
Telephones are staffed from 8:00 a.m. to 7:00 p.m., ET, Monday through Friday.

DR-1 R. 01/06

APPLICATION TO COLLECT AND/OR REPORT TAX IN FLORIDA

SECTION A - BUSINESS INFORMATION

BUSINESS INFORMATION

2. Reason for this registration: applying for tax registration for a new business entity.

Date you began your business entity: 03/01/2010

Date of incorporation: 02/15/2010

3. This is not a seasonal business, it is open year round.

ABOUT YOUR BUSINESS

4. Legal name of corporation, principal partner, or individual (last, first, middle): Mina Tanvi Inc
5. Business, trade, or fictitious (d/b/a) name
- Business Telephone Number: (352) 789-0906
- Business FAX Number: (352) 629-1662
- Owner Telephone Number: (352) 789-0906
6. Complete physical address of business or real property. Home-based businesses and non-permanent flea market/craft show vendors must use their home addresses. Listing a post office box, private mailbox or rural route number is not permitted.
- 2400 SW COLLEGE RD
OCALA, FL 34471-4767

MAILING ADDRESS

7. Mail to the attention of:
- Mailing Address: 2400 SW COLLEGE RD
- City/State/ZIP: OCALA, FL 34471-4767
- Email:

BUSINESS INFORMATION

8. If you have a Consolidated Sales Tax Number and want to include this location, please complete the following:

Consolidated Name:

Consolidated Number:

If you want to obtain a new consolidated number, you must complete Form DR-1CON.

9. Business Entity Identification Number. If an FEIN is not required for your business entity, the social security number of the owner will be accepted. This number is required for purposes of identification in order to properly administer the tax laws of Florida. Pursuant to federal law, this number will not be disclosed to any other party (If you are required to have an FEIN, but have not yet been assigned one, visit the IRS web site to apply for and receive your number online.)

a. Federal Employer Identification Number (FEIN): 27-1922068

b. Social Security Number (SSN) of Owner: [REDACTED]

OWNERS

10. Identify proprietors or owners, partners, officers, members, or trustees. Include the person whose Social Security Number is listed under Question 9.

** Without this information, processing of your application may be stopped **

Name	Social Security Number and Driver License Number & State	Home Address City, State, ZIP Code	Telephone Number
Narash Talwar	590-32-9574	31720 Portadala Dr Leesburg, FLORIDA 34748-	(352) 789-0906
Incorporator	DEFAULT		

BUSINESS STRUCTURE/TYPE OF OWNERSHIP

11. My business structure is **Corporation: S-corporation.**

BUSINESS INFORMATION

12. If a partnership, corporation or limited liability company, provide your fiscal year ending date: 12/31

13. If incorporated, chartered or otherwise registered to do business in Florida, provide your document/registration number from the Florida Secretary of State:

P10000014021

LANDLORD INFORMATION

14. Based on your answers in the Business Activity questionnaire section, you do not rent a business location that is not your home.

DESCRIBE YOUR BUSINESS

15a. What is your primary business activity: Pawn Shop

15b. What are your taxable business activities: Pawn Shop

SECTION B - SALES AND USE TAX ACTIVITY

16. Does your business activity include (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No Sales of property or goods at retail (to consumers)? | <input type="checkbox"/> No Placing and operating vending machines at business locations belonging to others? |
| <input type="checkbox"/> No Sales of property or goods at wholesale (to registered dealers)? | <input type="checkbox"/> No Purchasing items to be included in a finished product assembled or manufactured for sale. |
| <input type="checkbox"/> No Sales of secondhand goods? | <input type="checkbox"/> No Purchasing items that were not taxed by the seller at time of purchase. |
| <input type="checkbox"/> No Rental of commercial real property to individuals or businesses? | <input type="checkbox"/> No Using dyed diesel fuel for off-road purposes. |
| <input type="checkbox"/> No Rent transient living or sleeping accommodations (for six months or less)? | <input type="checkbox"/> No Operating vending machine(s) owned by you at your business location? |
| <input type="checkbox"/> No Manage transient living or sleeping accommodations belonging to others? | Providing any of the following services (check all that apply.) |
| <input type="checkbox"/> No Rental of equipment or other property or goods to individuals or businesses? | <input type="checkbox"/> No Pest control for nonresidential buildings |
| <input type="checkbox"/> No Renting/leasing motor vehicles to others? | <input type="checkbox"/> No Cleaning services for nonresidential buildings |
| <input type="checkbox"/> No Repair or alterations of tangible personal property? | <input type="checkbox"/> No Detective services |
| <input type="checkbox"/> No Charging admission or membership fees? | <input type="checkbox"/> No Protection services |
| <input type="checkbox"/> No Placing and operating coin-operated amusement machines at business locations belonging to others? | <input type="checkbox"/> No Security alarm system monitoring |

BUSINESS INFORMATION

17. What products or services do you purchase for resale?

Pawn Shop

COIN OPERATED AMUSEMENT MACHINES

18-19. Based on your answers in the Business Activity questionnaire section, no entries for Coin Operated Amusement Machines were required. If this is not the case, click above.

CONTRACTORS

20-23. Based on your answers in the Business Activity questionnaire section, no entries for Contractor were required.

MOTOR FUEL

24-26. Based on your answers in the Business Activity questionnaire section, no entries for Motor Fuel were required.

SECTION C - SOLID WASTE FEES AND POLLUTANTS TAX

SOLID WASTE FEES/POLLUTANTS TAX

27-30. Based on your answers in the Business Activity questionnaire section, no entries for Solid Waste Fees and Pollutants Tax were required.

31. Do you own or operate a dry-cleaning dry drop-off facility or plant in Florida? ☐ No
32. Do you produce or import perchloroethylene? If yes, you must complete an *Application of Florida License to Produce or Import Taxable Pollutants* (FORM DR-166). ☐ No

SECTION D - UNEMPLOYMENT TAX

Note: The numbering for the online UT section may differ from the paper DR-1.

UNEMPLOYMENT TAX

U.T. Part 1

33. Previously assigned UT account number:

34. Provide the date that you first employed workers in Florida. 03/11/2010

35. Employer type

- | | | |
|--|---|--|
| <input type="checkbox"/> [Yes] Regular | <input type="checkbox"/> [No] Agricultural (citrus) | <input type="checkbox"/> [No] Nonprofit Organization |
| <input type="checkbox"/> [No] Domestic (household) | <input type="checkbox"/> [No] Agricultural (non-citrus) | <input type="checkbox"/> [No] Indian tribe / Tribal unit |
| <input type="checkbox"/> [No] Governmental Entity | <input type="checkbox"/> [No] Agricultural crew chief | |

36. If you have had a gross payroll of \$1,500 or more within a calendar quarter, enter the date it was reached or will be reached: 03/15/2010

If you had 20 or more calendar weeks in which one or more persons performed services for you within a calendar year, enter the date the 20th week was reached or will be reached. The weeks do not have to be consecutive, nor does the person(s) need to be the same: 08/02/2010

37. My business did not pay federal unemployment tax in another state in the current or previous calendar year.

U.T. Part 2

38. None of my workforce is leased.

Another party does maintain my payroll:

Paychex Inc
1001 Heathrow Pk Ln Ste 2001

39. Lake Mary, FL 32746
(800) 532-4980

U.T. Part 3

40. I did not purchase this business from another entity.

h. Was there any common ownership, management, or control at the time the purchase/change occurred? ☐ [No]

U.T. Part 4**41. List the locations and nature of business conducted in Florida.**

Location of work site	Principal products/services	Number of employees
2400 SW College Rd / Ocala / MARION / FLORIDA / 34471	Pawn Shop	1

SECTION E - GROSS RECEIPTS TAX**GROSS RECEIPTS TAX****42 - 43. Based on your answers in the Business Activity questionnaire section, no entries for Gross Receipts Tax were required.****SECTION F - DOCUMENTARY STAMP TAX****DOCUMENTARY STAMP TAX****44 - 47. Based on your answers in the Business Activity questionnaire section, no entries for Documentary Stamp Tax were required.****SECTION G - COMMUNICATIONS SERVICES TAX****COMMUNICATIONS SERVICES****48- 53. Based on your answers in the Business Activity questionnaire section, no entries for Communications Services Tax were required.****SECTION H - APPLICANT DECLARATION AND SIGNATURE****This application will not be accepted if the applicant's name and title are not provided.**

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of §213.29 Florida Statutes (F.S.). All information provided by the applicant is confidential as provided in §213.053, F.S., and is not subject to Florida Public Records Law (§119.07, F.S.).

If the applicant is a sole proprietorship, the proprietor or owner must sign; if a partnership, a partner must sign; if a corporation, an officer of the corporation authorized to sign on behalf of the corporation, must sign; if a limited liability company, a member must sign; if a trust, the grantor or a trustee must sign; if applicant is represented by an authorized agent for unemployment tax purposes, the agent may sign.

By typing your name in the space below and submitting this form, you are declaring, under penalties of perjury, that you are authorized to sign on behalf of the applicant entity, and that you have read the foregoing application and that the facts stated in it are true.

Name Naresh Talwar

Title Incorporator

e-Services page

1700 7214

Gordon Herget - print screen

From: "Seidel, Marijke V" <mseidel@paychex.com>
To: "Gordon Herget" <HergetG@dor.state.fl.us>
Date: 3/10/2010 5:10 PM
Subject: print screen

Paychex
407-804-5258

Hello there,

Parson Shop

GOOD MORNING!

Can you check to see if there is a print screen for;

SORRY

Mina Tanvi Inc
27-1922068

NO RECORD OF

thanks

THE SECT. OF STATE

Marijke Seidel
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645

HAS NO FID #

PERHAPS THAT IS

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31720 Port dala DR
Leesburg 34748
590-32-9574

Nareesh Talwar

THE PROBLEM -

TALK TO YOU
LATER,

Bus 21100 SW College Rd
Ocala FL 34471

(X)

3111 cldt

352-789-0906

X 352-629-1662