P1000 00030889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

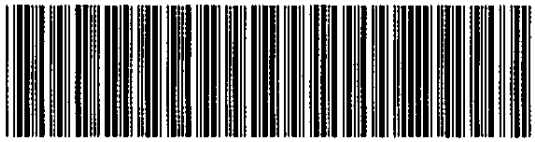
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200182141792

fei 6/17/10
E. DENNARD

Malave, Erin

From: Shashidhar [shashikusuma@suriaplasticsurgery.com]
Sent: Tuesday, June 15, 2010 1:07 PM
To: CorpAddressChange
Cc: nancygifford@suriaplasticsurgery.com
Subject: EIN information for L10000041576

hello,

RE: L10000041576

this is to inform you that my L.L.C, Suria plastic surgery L.L. has an EIN number.
The EIN number is 27-2404175.
Please update my record.

thank you.

Shashi Kusuma M.D.
Suria Plastic Surgery
954 472 8355
www.suriaplasticsurgery.com

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Tuesday, June 15, 2010 12:09 PM
To: CorpAddressChange
Subject: EIN update for Sunbiz.org

Attachments: Scan001.PDF

Scan001.PDF
(187 KB)

27-2325646

P10000030889

Good afternoon,

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 just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

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

Client Contact: Chitrawattie Balgobin Tel# 407-343-0567

Thank you for your time.

Marijke Seidel
Paychex Inc
Sales Assistant

Malave, Erin

From: Andrew Sagona [asagona9@gmail.com]
Sent: Tuesday, June 15, 2010 9:42 AM
To: CorpAddressChange
Subject: EIN addition

When I incorporated I did not yet have an EIN. The private nonprofit corporation name is:
COMMUNITY ADVOCATES NETWORK, INC.

The EIN is 27-2843471

Thank You,
Joanne Sagona - President

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS www.sunbiz.org

Detail by Entity Name

Florida Profit Corporation

FLORIDA OPTICAL ENTERPRISES, INC.

Filing Information

Document Number	P10000030889
FEI/EIN Number	~~NONE~~ 27-2325646
Date Filed	04/09/2010
State	FL
Status	ACTIVE
Effective Date	04/07/2010
Last Event	AMENDMENT
Event Date Filed	06/04/2010
Event Effective Date	NONE

Principal Address

1011 W VINE STREET
KISSIMMEE FL 34741 US

Mailing Address

4157 VANERN WAY
KISSIMMEE FL 34746 US

Registered Agent Name & Address

BALGOBIN, CHITRAWATTIE
4157 VANERN WAY
KISSIMMEE FL 34746 US

Officer/Director Detail

Name & Address

Title PT

BALGOBIN, CHITRAWATTIE
4157 VANERN WAY
KISSIMMEE FL 34746 US

Title VP/S

BISNAUTH, AHAILIA
2743 STARGRASS CIRCLE.
KISSIMMEE FL 34746 US

Title VP

FUSSLEMAN, JOHN
1101 W. VINE STREET
KISSIMMEE FL 34741

Annual Reports

No Annual Reports Filed

Document Images

06/04/2010 – Amendment View image in PDF format

04/09/2010 – Domestic Profit 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

Events **No Name History** Submit

IRS Verification Form

Form must be accompanied by a completed 8821

IRS EE Name: MRS. Jasper

IRS EE Badge ID #: 01-96119

Client's EIN: 27-2325646

Client's Legal Name: Florida Optical Enterprises Inc

Client's Legal Address: 4157 Vanern Way

Kissimmee FL 34747

Sales Rep: Julie Lancaster

Signature: Danielle Sirdel

Verification Date: 6/15/10

Verification Time: 10:50am

454 669 4087

Form **8821**
(Rev. August 2008)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ **Do not sign this form unless all applicable lines have been completed.**

▶ **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No 1545-1165
For IRS Use Only
Received by:
Name
Telephone ( )
Function
Date / /

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s)	Employer identification number
Florida Optical Enterprises Inc 1011 W Vine Street Kissimmee FL 34741		27 2325646
	Daytime telephone number ( )	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	
Paychex Inc 16-1124166 911 Panorama Trs. Rochester NY 14625	CAF No. Telephone No. 800-532-9980 Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Employment	941, 940, 944	2010	EIN Verification

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. ▶ ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶ ☐

b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . . ▶ ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box . . . . . ▶ ☐

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Chitrawattie B. G 6/14/10 Signature Date	Signature Date
Chitrawattie Balgobin Pres Print Name Title (if applicable)	Print Name Title (if applicable)
☐☐☐☐☐ PIN number for electronic signature	☐☐☐☐☐ PIN number for electronic signature