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Form- **SS-4**  
(Rev. April 1991)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN  
OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)  
**AVENTURA INSURANCE - SENIOR CITIZEN INSURANCE CENTER, INC.**

2 Trade name of business, if different from name in line 1  
**AVENTURA INSURANCE**

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**21280 BISCAYNE BLVD. # 1101**

4b City, state, and ZIP code  
**AVENTURA, FL 33180-1243**

5a Address of business (See instructions.)

5b City, state, and ZIP code

6 County and state where principal business is located  
**DADE FLORIDA**

7 Name of principal officer, grantor, or general partner (See instructions.) ▶ **DENNIS STEWART**

8a Type of entity (Check only one box.) (See instructions.)

Individual SSN

REMIC

State/local government

Other nonprofit organization (specify)

Other (specify) ▶

Estate

Plan administrator SSN

Other corporation (specify) **insurance**

Federal government/military

Trust

Partnership

Farmers' cooperative

Church or church controlled organization

if nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country ▶ State

9 Reason for applying (Check only one box.)

Started new business

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶ **checking**

Other (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**01/22/95**

11 Enter closing month of accounting year. (See instructions.)  
**DECEMBER**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter 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."

Nonagricultural	Agricultural	Household
0		

14 Principal activity (See instructions.) ▶ **INSURANCE**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶  Yes  No

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail)  Other (specify) ▶  Business (wholesale)

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.  Yes  No

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

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 (Please type or print clearly.) ▶ **DENNIS STEWART, PRESIDENT**

Signature ▶ *Dennis Stewart* Date ▶ **4/1/95**

Telephone number (include area code)

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying