2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
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DOCUMENT # P93000032380

1. Entity Name
FEDERAL PIONEER CORPORATION

Principal Place of Business	Mailing Address
469 NE 207TH LANE UNIT 105 N MIAMI BEACH FL 33179 US	P. O. BOX 600057 N. MIAMI BCH. FL 33162 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-0417103~~ 65 1009387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JIMENEZ, PEDRO E 143 NW 145 ST MIAMI FL 33168	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYSONET, ELIZABETH 143 N.W. 145TH ST MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMENEZ, PEDRO 143 N.W. 143TH ST MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO. E. JIMENEZ 1-28-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-31-2000
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 65-1009387
FORM: 1120A
0716527651 B

#P 93223880 513491

FOR ASSISTANCE CALL US AT:
1-800-829-1040

FEDERAL PIONEER CORPORATION
469 NE 207TH LN UNIT 105
N MIAMI BEACH FL 33179

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

As we were processing your Form 1120A for tax period 121999, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 65-1009387. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

Keep this part for your records. CP 576 A (Rev. 7-1997)

Attachment H
P93000032380

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-1009387
OMB No. 1545-0003
Expires 12-31-96

513497

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
FEDERAL PIONEER CORPORATION

2 Trade name of business, if different from name in line1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P.O.Box 600057

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
N. Miami Bch. FL 33160

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (see instructions.) ▶

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

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☒ Other (specify) ▶ CORPORATION
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ___
- ☐ Federal government/military
- ☐ Church or church controlled organization (enter GEN if applicable) ___
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name of state or foreign country (applicable) where incorporated ▶ | State | Foreign country

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ▶ ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ___
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
JANUARY 1 - 1999

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

14 Principal activity (See instructions.) ▶ TRANSPORT DIVISION

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

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

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

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

Legal 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. | Business telephone number (incl. area code)

Name and title (Please type or print clearly.) ▶ PEDRO E JIMENEZ | (305) 493-3533

Signature ▶ [signature] Date ▶ 2-2-01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying