2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-03-2001 90993 010 ***150.00

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1. Entity Name
COMFREY CORPORATION

(24)

Principal Place of Business	Mailing Address
520 Brickell Key Dr. Suite 305 Miami, FL 33131	520 Brickell Key Dr. Suite 305 Miami, FL 33131

7713

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: applied for — ☐ 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
Freeman, Stephen A. 520 Brickell Key Dr. Suite 305 Miami, FL 33131	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 _____ DATE
Signature(s) of present name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PS NAME Da Silva Antunes, Carlos Manuel STREET ADDRESS 520 Brickell Key Dr., Suite 305 CITY-ST-ZIP Miami, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE AS NAME Haber, Robert STREET ADDRESS 520 Brickell Key Drive CITY-ST-ZIP Miami, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 (11/00)

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: _____ Robert M Haber 4/18/01 (305)374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 3rd Request

Form **SS-4**

(Rev. February 1998)

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.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Comfrey Corporation

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
520 Brickell Key Drive Suite 305

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Miami, FL 33131

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade, FL

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

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

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLorida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
7/8/96

11 Closing month of accounting year (see instructions)
12/31

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

13 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-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Real Estate Holding

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 one box.
- ☐ Public (retail)
- ☐ Other (specify) ▶
- ☐ Business (wholesale)
- ☐ N/A

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

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter 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 (include area code)
(305)374-3800

Fax telephone number (include area code)
(305)374-1156

Name and title (Please type or print clearly.) ▶ Carlos Manuel da Silva Antunes

Signature ▶ Date ▶

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

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

Attachment
7713
#96005528

2 (1) TITULAR TITULAIRE

HOLDER

(2) Apelido(s)/Surname/Nom
da Silva Cutunes

(3) Nome(s) próprio(s)/Given name(s)/Prénom(s)
Carlos Manuel

(4) Nacionalidade/Nationality/Nationalité
PORTUGUESA

(5) Data de nascimento/Date of birth/Date de naissance
13.04.1953

(6) Sexo/Sex/Sexe
M

(7) Local de nascimento/Place of birth/Lieu de naissance
Vila Nova de Cerveira

(8) Data de emissão/Date of issue/Date de délivrance
08.09.1993

(9) Válido até/Date of expiry/Date d'expiration
07.09.2003

(10) Autoridade/Authority/Autorité
SÃO PAULO

(11) Assinatura do titular/Holder's signature/Signature du titulaire

3

(12) Bilhete de identidade/Identity card/Carte d'identité

(13) Estado civil/Civil status/État civil
casado

(14) Domicílio/Residence/Domicile
São Paulo - Brasil