

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071087

1. Entity Name

MENABA U.S.A., INC.

(R)

FILED
Jun 16, 2000 8:00 am
Secretary of State

05-03-2000 90123 005 ***150.00

Principal Place of Business
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134-5721

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
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
WEISENFELD, JOSEPH J
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENACHE, HERMAN C/O WEISENFELD & ASSOCIATE 550 BILTMORE WAY, SUITE 1120 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Herman Menache 4/28/00 388-444-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

306461

Form **SS-4**(Rev. April 2000)
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

OMB No. 1545-0003

► **Keep a copy for your records.**

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Menaba U.S.A, Inc.	
	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.) 550 Biltmore Way, Suite 1120	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Coral Gables, Florida 33134	5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Herman Menache	

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

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|---|
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Personal service corp. |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ | <input type="checkbox"/> Federal government/military |
| <input checked="" type="checkbox"/> Other (specify) ► corporation (enter GEN if applicable) _____ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
<input checked="" type="checkbox"/> Other (specify) ► file corporate renewal	

10 Date business started or acquired (month, day, year) (see instructions) August 15, 1997	11 Closing month of accounting year (see instructions) December
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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)	N/A
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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 N/A	Agricultural N/A	Household N/A
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14 Principal activity (see instructions) ► holding company
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ► _____		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ► _____	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 ► _____
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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 _____
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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.) ► **Herman Menache, President**Signature ►  Date ► **6-8-00****Note: Do not write below this line. For official use only.**

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