

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90111-023-\$150.00-\$150.00

DOCUMENT # P97000072656

1. Entity Name

ENGINEERED THERMO SYSTEMS, INC.

FILED

00 MAR 16 AM 10: 56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
907278**

Principal Place of Business

Mailing Address

8485 NW 74TH ST
MIAMI FL 33166
US

P O BOX 82-1098
SOUTH FLORIDA FL 33082-1098
US

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

45-0776754

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONDON, MARK S PA
4030-C SHERIDAN ST
HOLLYWOOD FL 33021**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CAPT. WILLIAM M
4030 C SHERIDAN ST.
HOLLYWOOD FL 33021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
**V
SILVA, ANGEL
4030 C SHERIDAN ST.
HOLLYWOOD FL 33021**

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR

3/10/2000

Date

8:00 TO 5:00

Daytime Phone #

SP

D.O.B: 08/05/38

Us per photo

8/26/97

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 65-0776154

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) ENGINEERED THERMO SYSTEMS, INC.		3 Executor, trustee, "care of" name N/A	
2 Trade name of business, if different from name in line 1 N/A		5a Business address, if different from address in lines 4a and 4b N/A	
4a Mailing address (street address) (room, apt., or suite no.) 8485 N.W. 74TH. STREET.		5b City, state, and ZIP code N/A	
4b City, state, and ZIP code MIAMI, FLORIDA 33166		6 County and state where principal business is located DADE COUNTY, FLORIDA.	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ WILLIAM M. CAPT, S/S-463-58-8214			
8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Plan administrator—SSN <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ PROFIT ORGANIZATION.	
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State N/A	Foreign country N/A
9 Reason for applying (Check only one box.)		<input type="checkbox"/> Changed type of organization (specify) ▶ <input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶	
10 Date business started or acquired (Mo., day, year) (See instructions.) AUGUST 21, 1997		11 Enter closing month of accounting year. (See instructions.) DECEMBER 31, 1997	
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) -0-			
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 -0-	Agricultural -0-
14 Principal activity (See instructions.) ▶ CONTRACTING & SUPPLIES.			
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 the appropriate box: <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ PRODUCTS & SERVICES SOLD.		<input type="checkbox"/> N/A	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
17b If you checked the "Yes" box in line 17a, give applicant's 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 (include area code):

Name and title (Please type or print clearly.) ▶ **WILLIAM M. CAPT—PRESIDENT**

(305) 591-4265

Signature ▶

Date ▶ **08/26/97**

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

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying