

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090874

1. Entity Name

WATER AND ENVIRONMENTAL SERVICES, INC. ✓

Principal Place of Business

1900 NW 44TH ST
POMPANO BEACH FL 33064

Mailing Address

1900 NW 44TH ST
POMPANO BEACH FL 33064

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
See Att.

☒ 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

LIBANOFF, IRA L
150 S PINE ISLAND RD, SUITE 400
FT LAUDERDALE FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete

NAME D'ALESSANDRO, GIUSEPPE
STREET ADDRESS 1900 NW 44TH ST
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ Delete

NAME BATTISTA, MARK
STREET ADDRESS 3222 SKYLANE #100
CITY-ST-ZIP CARROLLTON TX 75006

TITLE D ☐ Delete

NAME BATTISTA, LOUIS
STREET ADDRESS 3222 SKYLANE #100
CITY-ST-ZIP CARROLLTON TX 75006

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

01-28-2000 90073 015 ***158.75

07-20-2000 90026 021 ***558.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

7-14-00 954-979-0802

P97000090874

A0068877

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.) ► Keep a copy for your records.		EIN _____ OMB No. 1545-0003
Please type or print clearly.	1 Name of applicant (legal name) (see instructions) WATER AND ENVIRONMENTAL SERVICES, INC.		
	2 Trade name of business (if different from name on line 1) SAME		3 Executor, trustee, "care of" name Giuseppe D'Alessandro
	4a Mailing address (street address) (room, apt., or suite no.) 1900 N.W. 44th Street		5a Business address (if different from address on lines 4a and 4b) SAME
	4b City, state, and ZIP code POMPANO BEACH, FLORIDA		5b City, state, and ZIP code SAME
	6 County and state where principal business is located. BROWARD COUNTY, FLORIDA		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► GIUSEPPE D'ALESSANDRO SS#386-66-0167		
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole proprietor (SSN) _____ <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"/> Other nonprofit organization (specify) ► _____ (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ► CORPORATION </div> <div style="width: 45%;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Other corporation (specify) ► _____ <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military </div> </div>		
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) <input checked="" type="checkbox"/> Started new business (specify type) ► UNDERGROUND UTILITY CONSULTANT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ► _____		<input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input type="checkbox"/> Changed type of organization (specify new type) ► _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► _____ <input type="checkbox"/> Other (specify) ► _____	
10 Date business started or acquired (month, day, year) (see instructions) 10/20/97		11 Closing month of accounting year (see instructions) 12/31/98	
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) ► 0			
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) ► 0		Nonagricultural	Agricultural
14 Principal activity (see instructions) ► CONSULTING FOR UNDERGROUND UTILITY CONTRACTORS		Household	
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"/> Public (retail) <input type="checkbox"/> Other (specify) ► _____		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A	
17a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input 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 ► JAGAR, INC. Trade name ► SAME			
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 4/8/93 POMPANO BEACH, FLORIDA 65 0413620			
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) (954) 979-0802	
		Fax telephone number (include area code) (954) 979-9897	
Name and title (Please type or print clearly.) ► GIUSEPPE D'ALESSANDRO, PRESIDENT			
Signature ► 		Date ► 7/14/00	
Note: Do not write below this line. For official use only.			
Please leave blank ►	Geo.	Ind.	Class
			Size
Reason for applying			

Power of Attorney and Declaration of Representative

► See the separate instructions.

OMB No. 1545-0150
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date / /

Part I Power of Attorney (Please type or print.)

1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address WATER AND ENVIRONMENTAL SERVICES, INC. 1900 N.W. 44TH STREET POMPANO BEACH, FLORIDA 33064	Social security number(s) _____ _____ _____	Employer identification number APPLIED FOR
	Daytime telephone number (954) 979-0802	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address GIUSEPPE D'ALESSANDRO 1900 N.W. 44TH STREET POMPANO BEACH, FLORIDA 33064	CAF No. _____ Telephone No. (954) 979-0802 Fax No. (954) 979-9897 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address IRA LIBANOFF 150 S. PINE ISLAND ROAD SUITE #400 FT. LAUDERDALE, FLORIDA 33324	CAF No. _____ Telephone No. (954) 474-8080 Fax No. (954) 474-7343 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
ALL		

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. (See instruction for Line 4—Specific uses not recorded on CAF.) ☒

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5—Acts authorized).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ► _____