

2000 UNIFORM BUSINESS REPORT (UBR)

6"

DOCUMENT # P97000091873

1. Entity Name

AMERIDATE, INC.

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FILED
Jul 06, 2000 8:00 am
Secretary of State

06-07-2000 90002 002 ***150.00

Principal Place of Business

Mailing Address

5353 N FEDERAL HWY SUITE 212
FT. LAUDERDALE FL 33308

5353 N FEDERAL HWY SUITE 212
FT. LAUDERDALE FL 33308-3236

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

FELDMAN, SUSAN

5353 N FEDERAL HWY SUITE 212
FT. LAUDERDALE FL 33308

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 PD ☐ Delete
NAME FELDMAN, SUSAN
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE VD ☐ Delete
NAME FELDMAN, FREDERICH
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE SD ☐ Delete
NAME FELDMAN, MAURA
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE TD ☐ Delete
NAME FELDMAN, ALISHA
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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)(f), 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:

Susan J. Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000 305-667-7771
Date Daytime Phone #

CR2E034 (9/99)

Form **SS-4** Application for Employer Identification Number(Rev. December 1995)
Department of the Treasury
Internal Revenue Service(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

106254 Mailed 6/30/00 (applied for)

Doc# P9100091873

1 Name of applicant (Legal name) (See instructions.)
Susan Feldman

2 Trade name of business (if different from name on line 1)
Ameri-date, INC.

3 Executor, trustee, "care of" name
NA

4a Mailing address (street address) (room, apt., or suite no.)
5353 N. Federal Hwy, # 212

4b City, state, and ZIP code
 Ft. Lauderdale, FL 33308

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

5b City, state, and ZIP code

6 County and state where principal business is located
Broward

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 364-46-0664
Susan Feldman

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

☒ Sole proprietor (SSN) 364-46-0664

☐ Partnership ☐ Personal service corp.

☐ REMIC ☐ Limited liability co.

☐ State/local government ☐ National Guard

☐ Other nonprofit organization (specify) ► _____ (enter GEN if applicable)

☐ Other (specify) ► _____

☐ Estate (SSN of decedent) _____

☐ Plan administrator-SSN _____

☐ Other corporation (specify) ► _____

☐ Trust ☐ Farmers' cooperative

☐ Federal Government/military ☐ Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State NA Foreign country NA

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ► Dating Service

☐ 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.)
Business plan work in progress

11 Closing month of accounting year (See instructions.)

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) ► see #10

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

14 Principal activity (See instructions.) ►

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. ☐ Business (wholesale)

☐ Public (retail) ☐ Other (specify) ► _____ ☐ 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 "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)
954-772-5999

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► Susan Feldman, President

Signature ► Susan Feldman, President Date ► 6/30/00

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

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