

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019833

1. Entity Name

SUPER STRUCTURES, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90108 023 \*\*\*158.75

Principal Place of Business

13820 S.W. 28TH ST.  
MIAMI FL 33175

Mailing Address

~~13820 S.W. 28TH ST.~~  
~~MIAMI FL 33175-0011~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

8900 SW 117 Ave  
C-207

City & State

City & State

miami FL

Zip

Country

Zip

33186

Country

Dade

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

RODRIGUEZ, JORGE E  
777 BRICKELL AVE.  
STE. 950  
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

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  
☐ Delete  
D  
CARLES, REINALDO JR  
13820 S.W. 28TH ST.  
MIAMI FL 33175

TITLE  
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 305-220-4522

Date

Daytime Phone #

CR2E034 (9/99)

198000019833  
DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 06-16-2000  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 65-1014848  
FORM: SS-4  
0716934125 B

*Received  
6/20/00  
307/20*

SUPER STRUCTURES INC  
8900 SW 117TH AVE C207  
MIAMI FL 33186

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1014848. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

06/13/2000

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 07-03-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

p98000019833

30726

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.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

|   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
|---|---|--|--|--|--|---|--|---|---|--|---|---|--|---|---|--|--|--|---|--|
| 1 Name of applicant (Legal name) (See instructions.)<br><b>Super Structures, Inc.</b>   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 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.)<br><b>8900 SW 17 Ave C-207</b>   |   | 5a Business address (if different from address on lines 4a and 4b)   |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 4b City, state, and ZIP code<br><b>Miami FL 33186</b>   |   | 5b City, state, and ZIP code   |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 6 County and state where principal business is located<br><b>DADE FLORIDA</b>   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶<br><b>#</b>   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 8a Type of entity (Check only one box.) (See instructions.) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator-SSN</td> </tr> <tr> <td><input type="checkbox"/> REMIC</td> <td><input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>Incorporated</b></td> </tr> <tr> <td><input type="checkbox"/> State/local government</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Church or church-controlled organization</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> Federal Government/military</td> </tr> <tr> <td><input type="checkbox"/> Limited liability co.</td> <td><input type="checkbox"/> (enter GEN if applicable)</td> </tr> <tr> <td><input type="checkbox"/> National Guard</td> <td></td> </tr> </table> |   |  | <input type="checkbox"/> Sole proprietor (SSN)   | <input type="checkbox"/> Estate (SSN of decedent)    | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Plan administrator-SSN                   | <input type="checkbox"/> REMIC                                   | <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>Incorporated</b> | <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust                       | <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Federal Government/military | <input type="checkbox"/> Limited liability co. | <input type="checkbox"/> (enter GEN if applicable) | <input type="checkbox"/> National Guard |  |
| <input type="checkbox"/> Sole proprietor (SSN)  | <input type="checkbox"/> Estate (SSN of decedent)                                     |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Plan administrator-SSN                                       |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> REMIC  | <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>Incorporated</b> |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> State/local government   | <input type="checkbox"/> Trust  |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶   | <input type="checkbox"/> Farmers' cooperative   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Other (specify) ▶  | <input type="checkbox"/> Church or church-controlled organization                     |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Personal service corp.   | <input type="checkbox"/> Federal Government/military                                  |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Limited liability co.  | <input type="checkbox"/> (enter GEN if applicable)                                    |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> National Guard   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated   |   | State Foreign country  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <b>FLORIDA</b>  |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 9 Reason for applying (Check only one box.) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify) ▶ <b>Construction</b></td> <td><input type="checkbox"/> Banking purpose (specify) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees</td> <td><input type="checkbox"/> Changed type of organization (specify) ▶</td> </tr> <tr> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a trust (specify) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other (specify) ▶</td> </tr> </table>  |   |  | <input checked="" type="checkbox"/> Started new business (specify) ▶ <b>Construction</b> | <input type="checkbox"/> Banking purpose (specify) ▶ | <input type="checkbox"/> Hired employees | <input type="checkbox"/> Changed type of organization (specify) ▶ | <input type="checkbox"/> Created a pension plan (specify type) ▶ | <input type="checkbox"/> Purchased going business                                     |   | <input type="checkbox"/> Created a trust (specify) ▶ |   | <input type="checkbox"/> Other (specify) ▶    |  |   |   |  |  |  |   |  |
| <input checked="" type="checkbox"/> Started new business (specify) ▶ <b>Construction</b>  | <input type="checkbox"/> Banking purpose (specify) ▶                                  |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Hired employees  | <input type="checkbox"/> Changed type of organization (specify) ▶                     |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <input type="checkbox"/> Created a pension plan (specify type) ▶  | <input type="checkbox"/> Purchased going business                                     |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
|   | <input type="checkbox"/> Created a trust (specify) ▶                                  |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
|   | <input type="checkbox"/> Other (specify) ▶  |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 10 Date business started or acquired (Mo., day, year) (See instructions.)<br><b>3-3-98</b>  |   | 11 Closing month of accounting year (See instructions.)<br><b>12</b> |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 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)   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <b>NOT KNOWN YET</b>  |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 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                               |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| <b>0</b>  |   | <b>0 0</b>   |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 14 Principal activity (See instructions.) ▶ <b>Construction</b>   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input checked="" 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 checked="" type="checkbox"/> No  |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 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.<br>Legal name ▶ Trade name ▶  |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.<br>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)<br><b>305-598-9700</b>  |   | Fax telephone number (include area code)<br><b>305-598-3231</b>      |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| Name and title (Please type or print clearly.) ▶ <b>Reinaldo M Carles President</b>   |   |  |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |
| Signature ▶ <b>Reinaldo M Carles</b>  |   | Date ▶ <b>6-9-00</b>   |  |  |  |   |  |   |   |  |   |   |  |   |   |  |  |  |   |  |

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

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