

**TECAMACHALCO, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE  
65-0984955

CR2E034 (9/99)

Form **SS-4**

(Rev. February 1998)

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 **65-0984955**

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>TECAMACHALCO, INC</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>c/o Robert J. Friedman</b>
4a Mailing address (street address) (room, apt., or suite no.) <b>1150 E. Hallandale Beach Blvd.</b>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>Hallandale, FL 33009</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>Broward County, Florida</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ▶ <b>264-36-1657</b> <b>Robert J. Friedman, Pres.</b>	

**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"/> 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"/> Farmer's cooperative <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Corporation</b>	<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 <input type="checkbox"/> (enter GEN if applicable) _____	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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<b>9 Reason for applying (Check only one box.) (see instructions)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Real Estate Holding Company</b> <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) ▶ _____
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10 Date business started or acquired (month, day, year) (see instructions) <b>APRIL 15, 1998</b>	11 Closing month of accounting year (see instructions) <b>Dec.</b>
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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) ▶ <b>APR. 15, 1998</b>	
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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 <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ▶ <b>Real Estate Holding</b>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	Yes	<input checked="" type="checkbox"/> No
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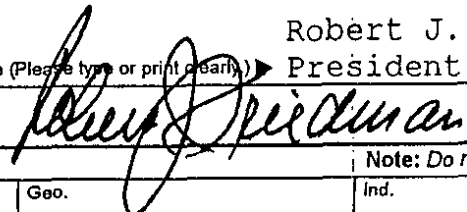
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	Yes	<input checked="" type="checkbox"/> No
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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.	Previous EIN
Approximate date when filed (mo., day, year)	City and state where filed

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.) ▶ **Robert J. Friedman**  
**President**
Business telephone number (include area code)  
**954-458-4651**Fax telephone number (include area code)  
**954-458-4944**Signature ▶  Date ▶ **Feb. 29, 2000**

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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