		INESS REPL	<del></del>	(UDA)	1/27/00-90014-009-\$ ]	150.00-\$1	50.00	
DOCUMENT # P98000034639								
TECAMACHALCO, INC.						-		
		}			FILE	D		
Principal Place of Business Mailing Address					00 MAR 13 P	<del>ዘ</del> 2: 2በ		
150 EAST HALLANDALE BEACH BLVD. 1150 EAST HALLANDALE BEACH BLVD.				1				
IITE A LLANDALE F	°L 33009	SUITE A HALLANDALE FL 33009-4432			SEGRETARY O TALLAHASSEE	r STATE FLORID	4	
Briggian D	Place of Business						ÎMA CALI	
. Philicipal r	-ace of pasitiess	3. Malling Address			E HERIOEK INE ORIEGERIK ORIGIOERK	ld <b>ee</b> kki <b>co</b> cee ciid		HUTTON IOTH
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0984955	ITE IN THIS S	PACE	
City & Stat	ie	City & State			4. FEI Number		A	pplied For
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		8.75 Ac	ot Applicable Iditional
	6. Name and Address of Current	Registered Agent	<u> </u>	<del> </del>	-7. Name and Address of New		ee Require	ed
				Name Robert I	Friedman		<u> </u>	<del></del>
	PORATION SERVICE COMPANY HAYS STREET			Street Address	P.O. Box Number is Not Acceptable Landale Bch. Blvc	e) Suite	Α .	
	AHASSEE FL 32301-2525			1150 III I	arrangare benibive		<u>. a</u>	
	1	i		City Hallandal		FL	Zip Coo	ie
. The above	named entity submits this statement for	or the purpose of changing its	s registere	d office or register	ed agent, or both, in the State of F		133005	1
	What I Sente	10	-	_	1/1-	1/22		
GNATURE	Signature, type or phyladigame of registered agent	and total if applicable (NO	TE. Registere	d Agent signature required	when reinstating)	DATE		<del></del>
. This corpo	oration is allgible to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.00	10. Election Campaign F	inencina	¢E (	00 May Be
_	requirement and elects to do so.	After MAY 1, 20 Make Check Payal			Trust Fund Contribution			d to Fees
1.	OFFICERS AND	L . '	12.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	
TLE AME	PO Friedman, Robert J	Deleta	TITLE NAM				Change	Addition
TREET ADORESS	1150 EAST HALLANDALE BEACI	1 BLVD. #A	STRE	et address		•		
TY-ST-ZIP TLE	HALLANDALE FL 33009	Delete	TITLE	-ST-ZIP			☐ Change	☐ Addition
AME		r Detera	NAMI	:				
ireet address ity-st-zip		:		et adoress - St-ZIP				
TLE		Delate **	nne	Į.			☐ Change	☐ Addition
ime (reet address )			NAME STRE	ET ADORESS				
ry-st-zip		<del></del>	слу	-ST-ZIP		<del></del>		=1
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REET ADDRESS		,		et adoress S1-ZIP				
Y-ST-ZIP LE	<u>                                     </u>	Delete	FITLE		<del></del>		☐ Change	Addition
VÆ			NAME	· • •	•			
r-ST-ZIP	,			ET ADDRESS ST-ZIP				
Ē		∵ ☐ Delete	TITLE		<del>,</del>		Change	Addition
EET ADDRESS			NAME STREE	ET ADORESS				SP
-ST-ZIP				ST-ZIP				
I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the regioner or trusted empo	this filing does not quality for true and accurate and that i	r the exer my signat	nption stated in Seure shall have the s	ction 119.07(3)(i), Florida Statutes, ame legal effect as if made under	I further certicath; that I ar	fy that the i n an office	nformation or director
of the cor changed,	poretion or the receiver or trustee empo or on an attachment with all address, t	wered to execute this report with all other like empowered	es requir	ed by Chapter 607 -	, Florida Statules; and that my nam	ni eappears in	Block 11 a	r wock 12 if
GNAT	URE: //	ullu OU	RED		טפאדואנו	901-4	18.4	651
1		RINTED HAME OF SIGNING DEFICER	OR DIRECT	OR 1	Due	Om	time Phone 4	

3/10/00

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.

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EIN 65-	100		10	_		
EIN かうっ	078	4	4	5	ζ	
	- / -	•	•	•	•	

OMB No. 1545-0003

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	1	Name of applicant (legal name) (see instructions) TECAMACHALCO, INC									
≱⊦	2	Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name								
Please type or print clearly.	~	Trade harre of passiness (if different first first of the cy	c/o Robert J. Friedman								
ž	4a	Mailing address (street address) (room, apt., or suite no.)			5a Business address (if different from address on lines 4a and 4b)						
<u>a</u>		1150 E. Hallandale Beach Blvd.									
0	4b	City, state, and ZIP code		5b City, state, and ZIP code							
Š		Hallandale, FL 33009.									
se	6 County and state where principal business is located										
Şe	Broward County, Florida									1.653	
-	Name of principal officer, general partier, grantof, owner, of itustor — 3514 of 11114 may be required (see instructions) > 204 30 105										
	Robert J. Friedman, Pres.										
8 a	8a Type of entity (Check only one box.) (see instructions)										
Caution: If applicant is a limited liability company, see the instructions for line 8a.											
	П	Sole proprietor (SSN)	_ ∏ Fe	itate (S	SN of dece	dent)				٠.	
	H	Partnership Personal service corp.		-	inistrator (S		***************************************				
	H	REMIC National Guard	=		poration (sp	•					
	Ħ	State/local government Farmers' cooperative	Tr	ust			•				
		Church or church-controlled organization	_	-	overnment/i	-					
		Other nonprofit organization (specify) ▶			(enter 0	BEN if ap	plicable)				
	Z	Other (specify) ► Corporation						<del></del>	<del></del>		
8b		corporation, name the state or foreign country	. ,				Foreign	country			
	(if a	pplicable) where incorporated Flor						<u> </u>			
9		ason for applying (Check only one box.) (see instructions)	anking purpose (specify purpose) ►hanged type of organization (specify new type) ►								
	X		_	_	-		specity new	type) ▶ _	<del></del>		
	_	Estate Holding Company	=		ed going bus a trust (spec						
	H	Hired employees (Check the box and see line 12.)  Created a pension plan (specify type) ▶		eateu c	i uusi (spec	ily type) j		(specify)	<u> </u>		
10	Dat	te bysiness started or acquired (month, day, year) (see instruction	ons)		11	Closino	_		year (see instru	ictions)	
10		HALL 15, 1998			Į.	Dec	•				
12	Firs	st date wages or annuities were paid or will be paid (month, day,	year)	. Note:	: If applicant	is a withl	holding agen A.O	t, enter da	ate income will fi : 1998	irst be paid to	
13	nor	nresident alien. (month, day, year)	e: If t	he app	licant does	not		icultural	Agricultural	Household	
13	exp	nect to have any employees during the period, enter -0 (see in:	struc	tions)	· · · · · <u>· · · · · · · · · · · · · · </u>	]		0	0	0	
14	Prin	ncipal activity (see instructions) > Real Estate Ho	old	ing			. 1				
									Yes	X No	
10	f "\	Yes," principal product and raw material used ▶				_					
16	To	whom are most of the products or services sold? Please check	one b	φx.	,		Bu	- siness (w	vholesale)		
	Ä	Public (retail) ☐ Other (specify) ▶	`							X N/A	
17 a	Ha	s the applicant ever applied for an employer identification numbe	er for	this or	any other bu	usiness?			Tyes	🔀 No	
Note: If "Yes," please complete lines 17b and 17c.									,		
17b	lf v	ou checked "Yes" on line 17a, give applicant's legal name and tra	ade r	ame si	nown on pric	or applicat	tion, if differe	nt from lin	ne 1 or 2 above.	•	
	Leg	gal name ▶ ;		Ira	de name 🟲	_	• .			• .	
17 c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.    Previous EIN									Known. EIN		
	App	proximate date when filed (mo., day, year) City and state where filed	u			•					
Under	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.										
954-458-4651  Fax telephone number (Include area code)											
Robert U. Triedman											
Name and title (Please type or print pearly) President 954-458-4944											
Signature ► Will X Plie au . Date ► Feb. 29, 2000											
Note: Do not write below this line. For official use only.											
Plea	se le	lind			Class		Size	Reason fo	or applying		
blan!					<u> </u>		-				
									_		