2000	UNIFORM BUS	INESS REPO	RT (UB	R)		P	31	<b>B</b> 3	<b>}</b> _
DOCUMENT # P98000064561					05-24-2000 90153-006****150.00 P98000064561				
. ,	CORPORATION	•			FILED				
	·					00 JUL 1	ı. AM	10: 43	
Principal Plac	ce of Business	Mailing Address							
8521 NW 68 ST. MIAMI FL 33166		8521 NW 68 ST. MIAM1 FL 33168-2664				SECRETA TALLAHAS	RY OF SSEE, F	LORIDA	
	,								
2. Principal Place of Business		3. Ma ling Address	3. Ma ling Address		h Hadii 1991 III				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	EIN THIS !	SPACE	
City & Stat	de /	City & State	City & State		FEI Number	APPLIED F	OR		plied For t Applicable
Zip	Country	Zip	Cauntry		Cert ficate of \$			\$8.75 Add Fee Require	
	6. Name and Address of Gurren	nt Registered Agent	Name		Name and Ad	dress of New R	egistered /	Agent	
852	ASE, LUIS F 1 NW 68 ST.		Street	Address (P.O. 8	Box Number is	Not Acceptable	)		
MIAMI FL 33168			City				FL	Zip Cod	e
8, The above	named entity submits this statement	for the purpose of changing its re	egistered office	or registered ag	gent, or both, i	n the State of Flo	rida.		
SIGNATURE .	Signature, typed or printed name of registered ages	nx and title if applicable. (NOTE.	Reg stered Agent tigs	elure required when	revnstatury)		DATE		
t <sup>1</sup> ∕Táx filing i	oration is eligible to satisfy its Intangib equirement and elects to do so. ria on back)	After MAY 1, 200 Make Check Payable	0 Fee will be	550.00		on Campaign Fin und Contribution			O May Be I to Fees
11.	OFFICERS AN		12,	A	DDITION\$/CH	ANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11 Addition
NAME TO THE STREET ADDRESS	P CHASE, LUIS F 8521 NW 68 ST.	☐ Oəlşta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		`			(_) Change	C Aggaign
CITY-ST-ZIP	MIAMI FL 33166	☐ Delete	TITLE	<del> </del>				☐ Change	Addilion
NAME 57REST ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						ŀ
JILE		☐ Datele —	. TITLE	<u> </u>				☐ Change	Addition:
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AUDRESS CITY-ST-ZIP		•				
TITLE		☐ Delete	TITLE NAME					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ACORESS C/TY~ST-ZIP			•			
TITLE		☐ Delælê	TITLE NAME					Change	Addition
NAME STREET ADDRESS CITY ST. ZIP			STREET ADDRESS	1850	THE TO STATE OF THE	व्याप्तिकार सम्प्रकार	*** ****	· · · · · · · · · · · · · · · · · · ·	
TITLE		A.P Delete	TITLE NAME	· 技术的	Annah da			☐ Change	Spadition
STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	STREET ADDRESS CITY-ST-ZIP		110.02000	Inside Chairman	Ludtar	gific ghave them to	nformation
13. I hereby certify that the information supplied with this fiting 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.									
Changed,	or on an attachment with an address	i, with all other like embowered.							

## 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.

0	a.	29	13
T	EIN		0

OMB No. 1545-0003

	1 Name of applicant (legal name) (see instructions)								
اخـ	EMPAR CORPORATION  2 Trade name of business (if different from name on line 1)				3 Executor, trustee, "care of" name				
Please type or print clearly.	· · · · · · · · · · · · · · · · · · ·			.					
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞	4a Mailing address (street address) (room, apt., or suite no.)			5a B	usiness address (if di	ifferent from a	ddress on lines 4a and 4b)		
ğ	8521 N.W. 68 STREET				the state and ZID and				
9	4b City, state, and ZIP code			56 C	ity, state, and ZIP cod	ie			
اخجا	MIAMI, FLORIDA 3				-	<del> </del>			
ase	6 County and state where principal business is located								
윤	MIAMI-DADE, FLORIDA  7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions)								
}	LUIS F CHASE								
8a									
	Caution: If applicant is a limited liability company, see the instructions for line 8a.								
	Sole proprietor (SSN)		[]	Estate (S	SSN of decedent) _	······································	<del>-</del>		
				Plan adn	ninistrator (SSN)		OD A MIT ON		
	REMIC Na	tional Guard	X		rporation (specify)	C CORP	ORATION		
		rmers' cooperative		Trust					
	Church or church-controlled organiz			Federal	government/military	oppliaghto)			
	Other nonprofit organization (specif	y) <b>▶</b>	<del></del>		(enter GEN II a	applicable)			
	Other (specify) ▶  If a corporation, name the state or foreig	n country	State			Foreign	country		
8D	(if applicable) where incorporated	in country	FLORI	DA			V/A'		
9	Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ▶								
•	Started new business (specify type) ▶								
	EXPORT Purchased going business								
	Hired employees (Check the box and see line 12.) ☐ Created a trust (specify type) ▶								
		Created a pension plan (specify type) ▶							
10	1/5/99 DECEMBER 31								
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)								
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)								
14	Principal activity (see instructions) ▶ E	XPORT							
15	Is the principal business activity manufa	cturing?					Yes 🔀 No		
	If "Yes," principal product and raw mater			- have		- V a.	usinose (utholosalā)**		
16	To whom are most of the products or services sold? Please check one box.  ☐ Public (retail) ☐ Other (specify) ► ☐ N/A								
	Has the applicant ever applied for an en Note: If "Yes," please complete lines 17	b and 17c.							
	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 r					number if known.			
	Approximate date when filed (mo., day, year	) City and state	where filed				Previous EIN		
Under penalties of penjury, 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)									
Under penalties of penury, I deciare that I have examined this application, and to the best of my whomeous and best, it is the context, and complete.									
Fax telephone number (include area code)									
Name and title (Please type or print clearly.) \ \( \( \psi \) \( \text{Vi3} \) \( \text{Chase} \)									
Signature > 1 1 07/03/00									
Note: Do not write below this line. For official use only.									
Please leave blank ▶ Ind. Class Size Reason for applying					Reason for applying				
	· <del>-   </del>			- 10					



JULY 03, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE FL. 32314

REFENCE NUMBER: P98000064561

TO WHOM IT MAY CONCERN

ON REFERENCE TO YOUR LETTER DATED JUNE 6, 2000 REGARDING INCOMPLETE APPLICATION OF THE ANNUAL REPORT BECAUSE THE FEDERAL IDENTIFICACION NUMBER HAD BEEN FILED WITH APPLIED FOR

WE HAVE MADE NUMEROUS ATTEMPTS TO ACQUIRE THE ID# OVER THE PHONE AND HAS BEEN CONSISTENTLY BUSY. I CALLED THE DIVISION OF CORPORATION FOR THE STATE OF FLORIDA AND SPOKE TO TYRON, AND HE SUGGESTED THAT WE WRITE A LETTER TO YOUR OFFICE AND ATTACH A COPY OF THE COMPLETED SS-4 FORM TO THE LETTER ALLOWING FOR AN EXTENSION OF TIME TO PROPERLY COMPLETE THE ANNUAL REPORT.

OUR GAME PLAN IS TO FAX THE COMPLETED SS-4 TO THE IRS AND WAIT THE APPROPIATE TIME. THIS WILL ENABLE US TO COMPLY WITH THE REQUIREMENT.

IT IS FOR THESE REASONS STATED ABOVE THAT, I KINDLY REQUEST THAT YOU WAIVE THE \$ 400 LATE FEE AND UPON US RECEVING THE FEDERAL ID#, WE WIL PROPERLY COMPLETE THE ANNUAL REPORT

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO GIVE ME A CALL AT (305)591-0241

SINCERILY

LUIS FERNANDO CHASE