

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/74

DOCUMENT # P98000077377

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**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90059 037 \*\*\*150.00

1. Entity Name

INSTITUTO DE RECUPERACION INTERNACIONAL DE SALUD

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Principal Place of Business

Mailing Address

C/O MANUEL M. ARVESU, P.A.  
 2121 PONCE DE LEON BLVD., SUITE 920  
 CORAL GABLES FL 33134

C/O MANUEL M. ARVESU, P.A.  
 2121 PONCE DE LEON BLVD., SUITE 920  
 CORAL GABLES FL 33134-5234

2. Principal Place of Business

4726 W. HAYES ST.  
 Suite, Apt. #, etc.

3. Mailing Address

201 Annamora Circle  
 Suite, Apt. #, etc.

City & State

Miami FL  
 Zip 33134 Country

City & State

Coral Gables, FL  
 Zip 33134 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

ARVESU, MANUEL M. ESQ.  
 2121 PONCE DE LEON BLVD.  
 SUITE 920  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Arvesu Manuel M.  
 Street Address (P.O. Box Number is Not Acceptable)  
 201 Annamora Circle  
 Suite - 502  
 City Coral Gables FL Zip Code 33134

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)

4/17/00  
 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSD	CORDOVA, MANUEL ANTONIO	C/O MANUEL M. ARVESU, P.A.	CORAL GABLES FL 33134	<input type="checkbox"/>
PD	CORDOVA, KATHERINE	3165 SW 17 ST.	MIAMI FL 33145	<input type="checkbox"/>
VPD	MURGIDO, MARIO	3165 SW 17 ST.	MIAMI FL 33145	<input type="checkbox"/>
SD	CORDOVA, ANA MIRIAM	3165 SW 17 ST.	MIAMI FL 33145	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		201 Annamora Circle, Ste 502	Coral Gables FL 33134	<input checked="" type="checkbox"/>
		201 Annamora Circle, Ste 502	Coral Gables FL 33134	<input checked="" type="checkbox"/>
		201 Annamora Circle, Ste 502	Coral Gables FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 all other like empowered.

SIGNATURE:

*Manuel M. Arvesu*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 305-774-1840  
 Date Daytime Phone #

CR2004 (9/99)

Doc # P10000 177

308678

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.) <b>Instituto de Recuperacion Internacional de Salud</b>	
	2 Trade name of business (if different from name on line 1).	3 Executor, trustee, "care of" name <b>c/o Manuel M. Arceo</b>
	4a Mailing address (street address) (room, apt., or suite no.) <b>201 Alhambra Circle #502</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Coronados FL 33134</b>	5b City, state, and ZIP code
	6 County and state where principal business is located. <b>Dade Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► <b>591-48-4290</b> <b>Katherine Cordova</b>	

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

<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 type="checkbox"/> Other corporation (specify) ►
<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) ► <b>Corporation</b>	<input type="checkbox"/> Federal Government/military
	<input type="checkbox"/> Church or church-controlled organization

(enter GEN if applicable)

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

State	Foreign country
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9 Reason for applying (Check only one box.)

<input type="checkbox"/> Started new business (specify) ►	<input checked="" type="checkbox"/> Banking purpose (specify) ► <b>new account</b>
<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.) <b>September 8, 1998</b>	11 Closing month of accounting year (See instructions.) <b>December 2000</b>
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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)

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>3</b>	<b>0</b>	<b>0</b>

14 Principal activity (See instructions.) ► **Consultants**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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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
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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 ►
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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
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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) <b>305-442-2558</b>
Fax telephone number (include area code) <b>305-357-7622</b>

Name and title (Please type or print clearly.) ► **Katherine Cordova, IRS**

Signature ► *[Signature]* Date ► **5/28/00**

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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DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

#P9800007 7377  
308678  
DATE OF THIS NOTICE: 06-26-2000  
NUMBER OF THIS NOTICE: CP 575 C  
EMPLOYER IDENTIFICATION NUMBER: 65-1017364  
FORM: SS-4  
0716933153 B

INSTITUTO DE RECUPERACION  
% MANUEL M ARVESU  
201 ALHAMBRA CIR 502  
CORAL GABLES FL 33134

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 65-1017364. 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 941	07/31/2000
Form 1120	06/21/2000
Form 940	01/31/2001

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 07-11-2000. 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.