

10f2

DOCUMENT # P98000107033

1. Entity Name
CASA DE ROSA INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 25 PM 3:36

655618



DO NOT WRITE IN THIS SPACE
05-17-01 91245 033 \$150.00

Principal Place of Business
520-27TH STREET
WEST PALM BEACH FL 33407

Mailing Address
520-27TH STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 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
BATES, DIANE L
520-27TH STREET
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
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 *Diane L Bates* DATE *May 1 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BATES, DIANE L	
STREET ADDRESS	520 27TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BATES, III, JOHN E	
STREET ADDRESS	528 27TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Diane L Bates* DATE *May 1 2001* *561-839-1928*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

2092

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

EIN _____
OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) DIANE L BATES	
	2 Trade name of business (if different from name on line 1) CASA DE ROSA INC	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 320 - 27TH ST	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code W. PALM BEACH, FL 33407	5b City, state, and ZIP code
	6 County and state where principal business is located WEST PALM BEACH FLORIDA 33407	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ DIANE L BATES	

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"/> Estate (SSN of decedent)
<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"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Plan administrator (SSN)	<input checked="" type="checkbox"/> Other corporation (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) **JAN 1999 MARCH 2 2001**

11 Closing month of accounting year (see instructions)

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)

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ▶ **BED & BREAKFAST**

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

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

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 ▶ **DIANE L BATES** Trade name ▶ **FLAMINGO RE CORP**

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

SEPT 1989 W. PALM BCH FL 45-0191831

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.

DIANE L. BATES PRESIDENT

Name and title (Please type or print clearly) ▶

Business telephone number (include area code) **(561) 833-1920**

Fax telephone number (include area code) **(561) 835-3566**

Signature ▶ **Diane L Bates Pres.** Date ▶ **June 14 2001**

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

Please leave blank ▶	Gen.	Ind.	Class	Size	Reason for applying
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