

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT# P990000000096**

1. Entity Name

**ASSOCIATED FLORIDA INDUSTRIES, INC.****FILED**

00 JUN 16 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5557 WEST OAKLAND PARK BOULEVARD  
SUITE 281  
LAUDERHILL FL 333195557 WEST OAKLAND PARK BOULEVARD  
SUITE 281  
LAUDERHILL FL 33313-1411

2. Principal Place of Business

3. Mailing Address

5557 West Oakland Park Blvd.

5557 West Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 281

Suite 281

City &amp; State

City &amp; State

Lauderhill FL

Lauderhill, FL

Zip

Country

Zip

Country

33313

USA

33313

USA

DO NOT WRITE IN THIS SPACE

5/4/00 90133 049 \$150.00

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

7. Name and Address of New Registered Agent

TADELIS, URI

5557 WEST OAKLAND PARK BOULEVARD  
SUITE 281  
LAUDERHILL FL 33319

Name

Uri Tadelis

Street Address (P.O. Box Number is Not Acceptable)

5557 West Oakland Park Blvd.

Suite 281

City

Lauderhill

FL

Zip Code  
33313

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Uri Tadelis

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	TADELIS, URI	
STREET ADDRESS	5557 WEST OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	V	<input type="checkbox"/> Delete
NAME	TADELIS, URI	
STREET ADDRESS	5557 WEST OAKLAND PARK BOULEVARD	
CITY-ST-ZIP	LAUDERHILL FL 33319	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uri Tadelis	
STREET ADDRESS	5557 West Oakland Park Blvd. #281	
CITY-ST-ZIP	Lauderhill, FL 33313	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uri Tadelis	
STREET ADDRESS	5557 West Oakland Park Blvd	
CITY-ST-ZIP	Lauderhill, FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Uri Tadelis 4/26/00 954/295-9631 KE

Date

Daytime Phone #

CR2E034 (9/99)

2052

Form **SS-4****Application for Employer Identification Number**

(Rev. February 1998)

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

Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>ASSOCIATED FLORIDA INDUSTRIES, INC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>5557 West Oakland Park Blvd #281</b>	5a Business address (if different from address on lines 4a and 4b) <b>Same</b>
	4b City, state, and ZIP code <b>Lauderhill, FL 33319</b>	5b City, state, and ZIP code <b>Same</b>
	6 County and state where principal business is located <b>Broward, Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>595-06-1868</b> <b>URI TADELIS</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"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► <b>for profit</b>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <b>real estate investment</b>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <b>December 31, 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>N/A</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	Agricultural	Household
	<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ► <b>real estate investment</b>
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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 one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

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.	<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.

**Uri Tadelis, sole director/officer**

Name and title (Please type or print clearly.) ►

Business telephone number (include area code)

**(954) 726-5999**

Fax telephone number (include area code)

**(954) 722-4191**

Signature ►

Date ► **6/7/00**

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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