

2001 UNIFORM BUSINESS REPC.

(A)

Sr.

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-02-2001 90210 001 ***150.00

DOCUMENT # P99000004821

1. Entity Name

N.W. 52ND STREET CORP.

Principal Place of Business

Mailing Address

7333 CORAL WAY
MIAMI FL 331557333 CORAL WAY
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

BROWN, GARY L
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)

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.

EIN

OMB No. 1545-0003

Preparer's
signature
and
title
or
position

1 Name of applicant (legal name) (see instructions)

N.W. 52ND STREET CORP.

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.)

7333 CORAL WAY

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

MIAMI, FLA 33155

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI-DADE CO., FLA.

7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions)

ANTHONY L. DAVIDE 590-48-9842

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

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) *_____*☐ Other (specify) *_____*☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) *FOR PROFIT*☐ Trust☐ Federal government/military

(enter GEN if applicable)

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

State

*FLA*Foreign country *_____*

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

☒ Started new business (specify type) *1999*☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) *_____*☐ Banking purpose (specify purpose) *_____*☐ Changed type of organization (specify new type) *_____*☐ Purchased going business☐ Created a trust (specify type) *_____*☐ Other (specify) *_____*

10 Date business started or acquired (month, day, year) (see instructions)

1999

11 Closing month of accounting year (see instructions)

12/31

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)

N/A

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

0

Agricultural

0

Household

*0*14 Principal activity (see instructions) *REAL ESTATE INVESTMENT*

15 Is the principal business activity manufacturing?

☐ Yes☒ NoIf "Yes," principal product & raw material used *_____*

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

☒ Public (retail)☐ Other (specify) *_____*☐ Business (wholesale)

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 *_____*Trade name *_____*

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

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.

Name and title (Please type or print clearly)

ANTHONY L. DAVIDE, PRESIDENT

Business telephone number (include area code)

(305) 554-7229

Fax telephone number (include area code)

(305) 551-7254

Signature

Date

07/06/01

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

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying