

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000017452

1. Entity Name

DAKOTA INTERNATIONAL, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-03-2000 90228 023 ***150.00

Principal Place of Business

10457 SW 22 PLACE
DAVIE FL 33324

Mailing Address

10457 SW 22 PLACE
DAVIE FL 33324-7616

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

LIEBLEIN, SUSAN K
10457 SW 22 PLACE
DAVIE FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Susan Lieblein President

2-24-2000

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 ☐ Delete
NAME D
STREET ADDRESS LIEBLEIN, SUSAN K
CITY-ST-ZIP 10457 SW 22 PLACE
DAVIE FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

Susan Lieblein Susan Lieblein 2/24/2000 984 14730808

CR2E034 (9/99)

P44000017452

300848

Form **SS-4**

(Rev. February 1998)

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.**

EDN
OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions) DAKOTA INTERNATIONAL, INC.	
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.) 10457 S.W. 22ND PLACE	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code DAVIE, FLORIDA 33324	5b City, state, and ZIP code
6 County and state where principal business is located BROWARD / FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) ► SUSAN LIEBLEIN, PRESIDENT (SOCIAL SECURITY # 264-55-7109)	
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) ► HOLDING COMPANY
<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 FLORIDA	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"/> Changed type of organization (specify new type) ►		
<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Created a trust (specify type) ►		
<input type="checkbox"/> Other (specify) ►		
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		
<input type="checkbox"/> Created a pension plan (specify type) ►		
10 Date business started or acquired (month, day, year) (see instructions) 12/31/1999	11 Closing month of accounting year (see instructions) DECEMBER	

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	Agricultural	Household
	N/A	N/A	N/A
14 Principal activity (see instructions) ► INVESTMENTS - HOLDING COMPANY			

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ► N/A	<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 checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)
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17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 ► N/A	Trade name ► N/A
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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) N/A	City and state where filed N/A	Previous EIN N/A

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.) ► SUSAN LIEBLEIN, PRESIDENT	Business telephone number 954-473-0868
Signature ► <i>Susan Lieblein, President</i>	Fax telephone number (include area code) 954-568-3611
	Date ► 02/24/2000

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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