

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025355

Entity Name
QUALITY CLOSET R US INC.

FILED
May 01, 2002 8:00 am
Secretary of State

02-20-2002 90076 049 ***150.00

Principal Place of Business

9820 NW 80 AVENUE
BAY 6-S
HIALEAH FL 33016

Mailing Address

9820 NW 80 AVENUE
BAY 6-S
HIALEAH FL 33016

Principal Place of Business

9809 NW 80 Ave

Mailing Address

9809 NW 80 Ave

Suite, Apt., etc.

Bay # 9-B

Suite, Apt., etc.

Bay # 9-B

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

Zip

33016

Country

USA

Zip

33016

Country

USA

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

ROJAS, ERNESTO A

1501 WEST 41ST ST.

#11A

HIALEAH FL 33012

Name

NAME

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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, 2002 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

OFFICERS AND DIRECTORS

NAME P ROJAS, ERNESTO A ☐ Delete
STREET ADDRESS 1501 WEST 41 STREET APT. 11-A
CITY-STATE-ZIP HIALEAH FL 33012

NAME VP PAJARES, PEDRO R ☐ Delete
STREET ADDRESS 1355 WEST 53 STREET APT. #201
CITY-STATE-ZIP HIALEAH FL 33012

NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #

CR2004 (9/01)

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.

by Telephone:

March 19, 1999

EIN **65-0904598**

OMB No. 1545-0003

Please type or print clearly.

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

Quality Closet R US 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.)

9820 NW. 80 Ave. Bay 6-5

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

4b City, state, and ZIP code

Hialeah, Gardens, FL 33016

5b City, state, and ZIP code

6 County and state where principal business is located

Dade, Florida

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

Ernesto A. Rojas**593-55-1465**

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) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

Bluid closets for home.

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

State

Foreign country

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

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

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

March 19, 1999

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

14 Principal activity (see instructions) ► **Bluding Closets**

0

0

0

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

☐ Yes☒ No

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.

Business telephone number (include area code)

(305) 558-7887

Fax telephone number (include area code)

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

Signature ► **Ernesto A. Rojas**

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

Date ► **03/24/99**

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying