

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027559

1. Entity Name

ASPECTS OF ILLUMINATIONS II INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-08-2000 90141 019 ***150.00

Principal Place of Business

Mailing Address

7420 NW 41 COURT
LAUDERHILL FL 33319

7420 NW 41 COURT
LAUDERHILL FL 33319-3902

2. Principal Place of Business

3. Mailing Address

7420 N.W. 41ST COURT
Suite, Apt. #, etc.

7420 N.W. 41ST COURT
Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL, FL.

LAUDERHILL, FL.

4. FEI Number

65-1011002

☒ Applied For
☐ Not Applicable

Zip

Country

33319

U.S.A

Zip

Country

33319

U.S.A

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

GIBSON, DONNA
7420 NW 41 COURT
LAUDERHILL FL 33319

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

DONNA GIBSON

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

(NOTE: Registered Agent signature required when reinstating)

02-14-00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DONNA GIBSON
7420 N.W. 41ST.
LAUDERHILL, FL. 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
SAMUEL WORMEL
7420 N.W. 41ST.
LAUDERHILL, FL. 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

DONNA GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00

Daytime Phone #

(954) 748-5804

CR2E034 (9/99)

PYU000001554 PLEASE HAY R.I.N # TO (954) 749-2237.

Form **SS-4** 3/3rd

Application for Employer Identification Number

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

EIN **65-1011002**

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

► **Keep a copy for your records.**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) DONNA LORRAINE GIBSON - WORRELL	
	2 Trade name of business (if different from name on line 1) ASPECTS OF SLIMINATION II INC	3 Executor, trustee, "care of" name DONNA GIBSON
	4a Mailing address (street address) (room, apt., or suite no.) 7420 N.W. 41ST COURT	5a Business address (if different from address on lines 4a and 4b) SAME
	4b City, state, and ZIP code LAUDERHILL, FLORIDA 33319	5b City, state, and ZIP code SAME
	6 County and state where principal business is located U.S.A. FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► DONNA L. GIBSON 589-56-8218	

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): DETAILING 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	State FLORIDA	Foreign country N/A
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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) ► DETAILING COMPANY	<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) DECEMBER 2000	11 Closing month of accounting year (see instructions) DECEMBER
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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) JANUARY 5 2001

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
			1

14 Principal activity (see instructions) ► CLEANING + DETAILING AUTO

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 ► N/A
Trade name ► N/A

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.) ► DONNA GIBSON	Business telephone number (include area code) (954) 748-5604
	Fax telephone number (include area code) (954) 749-2237

Signature ► D Gibson	Date ► 5/27/00
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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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