

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059179

1. Entity Name

FLORIDA SOUTH BUILDING CORPORATION

Principal Place of Business

8281 SW 146 STREET  
MIAMI FL 33158

Mailing Address

8281 SW 146 STREET  
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, ALAN  
8281 S.W. 146 ST.  
MIAMI FL 33158

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

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 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEIN, ALAN  
8281 SW 146 STREET  
MIAMI FL 33158

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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

Alan Stein

1/12/01

305-361-8711

Date

Daytime Phone #

1/

FILED

Feb 12, 2001 8:00 am  
Secretary of State

01-25-2001 90121 014 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

DOC # P99000059179

61193

Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	<b>1</b> Name of applicant (legal name) (see instructions) <b>Florida South Building Corporation</b>	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (street address) (room, apt., or suite no.) <b>8281 S W 146 Street</b>	<b>5a</b> Business address (if different from address on lines 4a and 4b)
	<b>4b</b> City, state, and ZIP code <b>Miami, FL 33158</b>	<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located <b>Miami-Dade County, Florida</b>	
	<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>261 54 5609</b> <b>Alan Stein</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) ►
<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) ►	

<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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<b>9</b> 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>Building construction</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) ►

<b>10</b> Date business started or acquired (month, day, year) (see instructions) <b>May 18, 1999</b>	<b>11</b> Closing month of accounting year (see instructions) <b>December</b>
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<b>12</b> 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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<b>13</b> 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
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<b>14</b> Principal activity (see instructions) ► <b>General contracting, non-residential</b>
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<b>15</b> 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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<b>16</b> 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) ►	

<b>17a</b> 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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<b>17b</b> 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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<b>17c</b> 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.	Business telephone number (include area code) ( <b>305</b> ) <b>233-4649</b>	
	Fax telephone number (include area code) ( <b>305</b> ) <b>232-4265</b>	
	Name and title (Please type or print clearly.) ► <b>Alan Stein, president</b>	

Signature ► <i>Alan Stein</i>	Date ► <b>2/4/01</b>
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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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