## 2000 UNIFORM BUSINESS REPORT (ÜBR)

## **FILED** Jun 16, 2000 8:00 am Secretary of State DOCUMENT # P99000060738 1. Entity Name DUMONT INVESTMENTS, INC. 05-03-2000 90123 003 \*\*\*150.00 Mailing Address Principal Place of Business 550 BILTMORE WAY, SUITE 1120 550 BILTMORE WAY, SUITE 1120 CORAL GABLES FL 33134-5721 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE DATE (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) ☐ Change ☐ Delete TITLE D TITLE NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE / D TITLE NAME NAME Sight 1120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP According ☐ Change TITLE Delete NAME NAME Suite 1120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS Biltmore Way, S CITY-ST-ZIP CITY-ST-ZIP Addition Detete 1 Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 the report as required by Chapter 507, 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 engagement.

SIGNATURE:

CITY-ST-7IP

SE SU UL OFFICER OR DIRECTOR

Joseph J. Weis feed 4/2000

306462

## Form **SS-4**

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches,

	tment of the Treasury	government agencies, certain individuals, and others. See instructions.)											
Department of the Treasury Internal Revenue Service		► Keep a copy for your records.								OMB No. 1545-0003			
1 Name of applicant (legal name) (see instructions)										-			
Dumont investments, inc.													
clear	2 Trade name of business (if different from name on line 1)					3 Executor, trustee, "care of" name							
Please type or print clearly	4a Mailing address (street address) (room, apt., or suite no.) 550 Biltmore Way, Suite 1120					5a Business address (if different from address on lines 4a and 4b)							
ō	4b City, state, and ZII	5b (	5b City, state, and ZIP code										
홄	Coral Gables, F	- 1											
lease	6 County and state where principal business is located Miami-Dade, Florida												
-	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions)												
	Joseph J. Weisenfeld												
8a	The state of the s												
	Caution: If applicant is a limited liability company, see the instructions for line 8a.												
	Sole proprietor (SS	Sole proprietor (SSN)						State (SSN of decedent)					
	☐ Partnership		an administrator (SSN)										
	☐ Partnership       ☐ Personal service corp.       ☐ Plan administrator (SSN)       ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐												
	☐ State/local government ☐ Farmers' cooperative ☐ Tr⊔st												
	☐ Church or church-controlled organization ☐ Federal government/military												
	Other nonprofit organization (specify)												
Other (specify) ► corporation  8b If a corporation, name the state or foreign country State  Foreign country													
00	(if applicable) where in		eigh country	Florida				Forei	gn coun	try			
	<del></del>						<del></del>			<del></del>			
9	Reason for applying (Cf	-						ourpose) 🟲					
	☐ Started new business (specify type) ► ☐ Changed type of organization (specify new type) ►												
	Purchased going business												
	Hired employees (Check the box and see line 12.)  ☐ Created a trust (specify type) ►  ☐ Created a pension plan (specify type) ►  ☐ Other (specify) ► renew corporation												
10	Date business started or acquired (month, day, year) (see instructions)  11 Closing month of accour												
									ember	<b>,</b>			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding									oldina a	gent, enter date	income will		
	first be paid to nonresi	dent alien. (mon	th, day, year,	)		·		▶		N/A	,		
13	Highest number of employees expected in the next 12 months. Note: If the applicant do expect to have any employees during the period, enter -0 (see instructions)						icant does	not Nonag	ricultural I/A	Agricultural N/A	Household N/A		
14	Principal activity (see in	nstructions) 🕨 🖠	nolding co	mpany						_ <del></del>			
15	Is the principal business activity manufacturing?												
16	To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☐ N/A												
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												
11-2			<u> </u>						<u> </u>	<u></u>			
under	penalties of perjury, I declare that	I have examined this a	application, and to	the best of my	knowledge :	and belief, it	is true, correct	t, and complete.	I	telephone number (i			
	( 305 ) 444-4477												
Vame and title (Please type or print clearly) Joseph J Weisenfeld, Assistant Secretary 774-2944													
Name and title (Please type or print clearly.) Versement, Assistant Secretary (305) 774-2944													
Signature ► Date ► (a-8-00													
Note: Do not write below this line. For official use only.													
	Geo.		Ind.	. MAG DEID	· · · · · · · · · · · · · · · · · · ·	Class	relai ase Ol	Size	Regen	for applying			
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