5/17/01-91280-005

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Secretary of State

05-17-2001 91280 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091346

1. Entity Name
BLUE MOUNTAIN INVESTMENTS CORP.

Principal Place of Business	Mailing Address
15230 S.W. 146TH STREET MIAMI FL 33196	15230 S.W. 146TH STREET MIAMI FL 33196

[redacted]

DO NOT WRITE IN THIS SPACE

65-1114429

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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	7. Name and Address of New Registered Agent
TAPIA, JORGE E 15230 S.W. 146TH STREET MIAMI FL 33196	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 NAME STREET ADDRESS CITY-ST-ZIP	D TAPIA, JORGE E 15230 S.W. 146TH STREET MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Jorge Tapia 4-28-01 (305)694-0634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment DOC# P99000091346

Form **SS-4**
(Rev. December 1993)
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.)

65-1114424
EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Blue Mountain Investments Corp.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
15230 SW 146 ST

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Miami - Dade FL 33196

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 required (See instructions.) ▶
Jorge Tapia

8a Type of entity (Check only one box.) (See instructions.)
- ☐ Sole Proprietor (SSN) 591-44-8742
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☐ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: FL; Foreign country:

9 Reason for applying (Check only one box.)
- ☒ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
10-13-99

11 Enter closing month of accounting year. (See instructions.)
End of year

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶

13 Enter 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."* ▶	Nonagricultural	Agricultural	Household

14 Principal activity (See instructions.) ▶ Investment

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the 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) 694-0634

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

Signature ▶ Date ▶

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying