

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100199

1. Entity Name

THE RUSSIAN INVASION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90048 034 ***150.00

Principal Place of Business

Mailing Address

8330 TAFT ST
PEMBROKE PINES FL 33024

8330 TAFT ST
PEMBROKE PINES FL 33024-4937

2. Principal Place of Business

8330 TAFT ST.

3. Mailing Address

8330 TAFT ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33024

USA

33024

USA

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

HILMAN, ARTHUR C
8330 TAFT ST
PEMBROKE PINES FL 33024

Name

HILLMAN, ARTHUR C

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

8330 TAFT ST.

City

Pembroke Pines

FL

Zip Code

33024

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

ARTHUR C. Hillman

ARTHUR C Hillman

3/29/00

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, 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

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | PRESIDENT - DIRECTOR | <input type="checkbox"/> Delete |
| NAME | ARTHUR C. HILLMAN | |
| STREET ADDRESS | 8330 TAFT ST. | |
| CITY - ST - ZIP | PEMBROKE PINES, FL 33024 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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:

ARTHUR C. Hillman

ARTHUR C. Hillman

Date

Daytime Phone #

CR2E034 (9/99)

Form **SS-4**

(Rev February 1996)
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.

EIN

OMB No. 1545-0043

PLEASE
TYPE
CLEARLY

| | | | | | |
|--|--|--|--|----------------------|--|
| 1 Name of Applicant (legal name) (see instructions) THE RUSSIAN INVASION, INC. | | DOC# P99000100199 | | 100188 | |
| 2 Trade Name of Business (if different from name on line 1) | | 3 Executor, Trustee, Care of Name | | | |
| 4a Mailing Address (street address) (room, apartment, or suite number) 8330 TAFT STREET | | 5a Business Address (if different from address in lines 4a and 4b) | | | |
| 4b City State ZIP Code PEMBROKE PINES FL 33024 | | 5b City State ZIP Code | | | |
| 6 County and State Where Principal Business is Located BROWARD, FLORIDA | | | | | |
| 7 Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN or ITIN may be required (see instructions) ARTHUR HILLMAN | | | | ► 267-71-9445 | |

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 checked="" type="checkbox"/> Personal service corp | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative | <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 | Foreign Country |
|-------|-----------------|

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

| | |
|--|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► MARKETING | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees. (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

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

11/12/99

11 Closing month of accounting year (see instructions)

NOT DETERMINED

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)

► **NOT DETERMINED**

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 |
| 0 | 0 | 0 |

14 Principal activity (see instructions) ► **MARKETING**

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 one box.

| | | | |
|--|--|--|------------------------------|
| <input checked="" type="checkbox"/> Business (wholesale) | <input type="checkbox"/> Public (retail) | <input type="checkbox"/> Other (specify) ► | <input type="checkbox"/> 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 & trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► Trade name ►

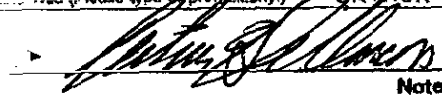
18 Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

| | | |
|--|----------------------------|--------------|
| Approximate Date When Filed (month, day, year) | City and State Where Filed | Previous EIN |
|--|----------------------------|--------------|

I, the undersigned, 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) 690-6206 |
| Fax Telephone Number (include area code) (305) 690-6206 |

Title (Please type or print clearly) ► **ARTHUR HILLMAN**



Date ► **04/27/00**

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

| | | | | | |
|-------|-----|-----|-------|------|---------------------|
| leave | Geo | Ind | Class | Size | Reason for Applying |
|-------|-----|-----|-------|------|---------------------|