

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103663

1. Entity Name:

INVERMARE CORP.

R

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-16-2000 90132 003 ***150.00

Principal Place of Business

Mailing Address

210 SW 11TH STREET #202
MIAMI FL 33130

210 SW 11TH STREET #202
MIAMI FL 33130

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

ROA, MAIRALISA
210 SW 11TH STREET #202
MIAMI FL 33130

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, 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	DPT	<input type="checkbox"/> Delete
NAME	ROA, MAIRALISA	
STREET ADDRESS	210 SW 11TH STREET #202	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/00 (305) 854-382

Date

Daytime Phone #

DOC # P99 000 103663

306915

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.)

EIN

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

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
INVERMARE 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.)
210 SW 11th STREET #202

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

4b City, state, and ZIP code
MIAMI FL 33130

5b City, state, and ZIP code

6 County and state where principal business is located
DADE

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.)
MAIRALISA

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN) ☐ Estate (SSN of decedent) ☐ Trust

☐ REMIC ☐ Personal service corp. ☐ Plan administrator-SSN ☐ Partnership

☐ State/local government ☐ National guard ☐ Other corporation (specify) ☐ Farmers' cooperative

☐ Other nonprofit organization (specify) ☐ Federal government/military ☐ Church or church controlled organization

☒ Other (specify) **CORPORATION** (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

9 Reason for applying (Check only one box.)

☐ Started new business (specify) ☐ Changed type of organization (specify)

☐ Hired employees ☐ Purchased going business

☐ Created a pension plan (specify type) ☐ Created a trust (specify)

☒ Banking purpose (specify) ☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.) **06/20/00**

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

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."

14 Principal activity (See instructions.) **COMMUNICATION**

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) ☒ N/A

☒ Public (retail) ☐ Other (specify)

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.

Name and title (Please type or print clearly.) **MAIRALISA ROA (PRESIDENT)** Business telephone number (include area code) **305-854-3888**

Signature **[Signature]** Date **06/01/00**

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

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