

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108428

1. Entity Name
ANN WYSE ENTERPRISE INC.

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-11-2001 90301 044 ***150.00

Principal Place of Business
C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address
C/O CAROL MCATEE
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

5401 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33710

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

MCATEE, CAROL
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Name

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

5401 Central Ave.

City

St. Petersburg,

FL

Zip Code
33710

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 Carol McAtee CPA

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	P	<input type="checkbox"/> Delete
NAME	SOOKOO, VEJAJANAN MR	
STREET ADDRESS	1845 GARFIELD STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

Carol McAtee

CAROL M-Atee

4/27/01

727-327-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

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. 1545-0003

Please
type or
print
clearly.

1 Name of applicant (legal name) (see instructions)

ANN WYSE ENTERPRISE, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

5401 CENTRAL AVENUE

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

ST PETERSBURG, FL 33710

5b City, state, and ZIP code

6 County and state where principal business is located

PINELLAS COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee -- SSN or ITIN may be required (see inst.)

VEJAIANAN SOOKOO

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

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) **S CORPORATION**

☐ Trust

☐ Federal government/military

(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.) (see instructions)

☒ Started new busn. (specify type)

ASSISTED LIVING FACILITY

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type)

☐ Banking purpose (specify purpose)

☐ Changed type of organization (specify new type)

☐ Purchased going business

☐ Created a trust (specify type)

☐ Other (specify)

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

JUNE 2001

11 Closing month of accounting year (see instructions)

DECEMBER 31

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) **NONE**

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) **RETIREMENT CARE HOME**

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.

☐ 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, yr.)

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 no. (incl. area code)
727-327-1999

Fax telephone no. (include area code)
727-327-1995

Name and title (Please type or print clearly.) **VEJAIANAN SOOKOO, PRESIDENT**

Signature

Date

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

Please leave
blank

Geo.

Ind.

Class

Size

Reason for applying