

2000 UNIFORM BUSINESS REPORT (UBR)

8/23/

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-23-2000 90032 046 ****61.25

DOCUMENT # N99000000868

1. Entity Name

JASPER LEWIS MINISTRIES, INC.

R

Principal Place of Business

15700 N.W. 17TH COURT
 MIAMI FL 33162 **33054**

Mailing Address

15700 N.W. 17TH COURT
 MIAMI FL 33162
33054

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

65-1037125

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, JASPER
 15700 N.W. 17TH COURT
 MIAMI FL 33162
33054

7. Name and Address of New Registered Agent

Name **JASPER LEWIS**
 Street Address (P.O. Box Number is Not Acceptable)
15700 NW 17th
 City **OPALOKA** FL Zip Code **33054**

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: *J.P. Jasper & Family Sr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEWIS, JASPER Sr	
STREET ADDRESS	15700 N.W. 17TH COURT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEWIS, JACQUELINE	
STREET ADDRESS	15700 N.W. 17TH COURT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEWIS, LUCILLE	
STREET ADDRESS	15700 N.W. 17TH COURT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
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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	

CR2E037 (5/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J.P. Jasper & Family Sr* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2000
 Date Daytime Phone #

Attachment Doc# J990000008028

108300

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-1037125**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Jasper P. Lewis Sr.

2 Trade name of business (if different from name on line 1)
Jasper Lewis Ministries, Inc.

3 Executor, trustee, "care of" name: _____

4a Mailing address (street address) (room, apt., or suite no.)
15700 N.W. 17th Court

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

4b City, state, and ZIP code
Miami, Florida 33054

5b City, state, and ZIP code
N/A

6 County and state where principal business is located
Miami-Dade County Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ _____
Jasper P. Lewis Sr.

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 Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ _____

Trust

Federal government/military

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

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **Non Profit Organization**

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a pension plan (specify type) ▶ _____

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
August 20, 2000

11 Closing month of accounting year (see instructions)
December

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).** **N/A**

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) **N/A**

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ▶ **Non-Profit (other than Gov't) Humane Purposes**

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.

Public (retail) Other (specify) ▶ _____

Business (wholesale) 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 dr 2 above.
Legal name ▶ **N/A** 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) N/A	City and state where filed	Previous EIN
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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.) ▶ **Jasper P. Lewis Sr.**

Business telephone number (include area code)
() ()

Fax telephone number (include area code)
() ()

Signature ▶ *Jasper P Lewis Sr.* Date ▶ **Sept 7 '06**

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

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