

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90299 003 \*\*\*150.00

**DOCUMENT # P00000064222**

1. Entity Name

**BOX OF FROGS INTERNATIONAL HOLDINGS, INC.**

Principal Place of Business

**1100 E. BEL AIR DR.  
 PEMBROKE PINES FL 33027**

Mailing Address

**1100 E. BEL AIR DR.  
 PEMBROKE PINES FL 33027**

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

**VOHANKA, KAREL**

**1100 E. BEL AIR DR.**

**PEMBROKE PINES FL 33027**

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 re-registering)

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, 2002 Fee will be \$650.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOHANKA, KAREL</b>	
STREET ADDRESS	<b>1100 E. BEL AIR DR.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Form **SS-4**(Rev. February 1998)  
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

1 Name of applicant (legal name) (see instructions)  
**BOX OF FROGS INTERNATIONAL HOLDINGS, INC.**

2 Trade name of business (if different from name on line 1)  
**N/A**

3 Executor, trustee, "care of" name  
**N/A**

4a Mailing address (street address) (room, apt., or suite no.)  
**1100 BELAIR DRIVE EAST**

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

4b City, state, and ZIP code  
**PEMBROKE PINES, FL 33027**

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

6 County and state where principal business is located  
**BROWARD, FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► **N/A**  
**KAREL VOJNICKA (NON-RESIDENT ALIEN)**

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) ☐ Estate (SSN of decedent)
- ☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN)
- ☐ REMIC ☐ National Guard ☒ Other corporation (specify) ► **IMPORT-EXPORT**
- ☐ State/local government ☐ Farmers' cooperative ☐ Trust
- ☐ Church or church-controlled organization ☐ Federal government/military
- ☐ Other nonprofit organization (specify) ► (enter GEN if applicable)
- ☐ Other (specify) ►

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

9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ► **IMPORT-EXPORT** ☐ Changed type of organization (specify new type) ►

☐ Hired employees (Check the box and see line 12.) ☐ 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) **JUNE 29, 2000**

11 Closing month of accounting year (see instructions) **JULY**

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) **UNKNOWN**

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
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (see instructions) ► **IMPORT-EXPORT**

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) ☐ N/A

☐ Public (retail) ☐ Other (specify) ►

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, 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)

Name and title (Please type or print clearly.) ► **KAREL VOJNICKA**  
**PRESIDENT**

Business telephone number (include area code)

Fax telephone number (include area code)

Signature ► **[Signature]** Date ► **8/17/00**

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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TP00000064222

Date: 08/18/00

0716 932706

Tele-Tin Number: 770-455-2360

Fax Number: 678-530-6156

Internal Revenue Service  
Customer Service Center-Atlanta  
P. O. Box 47-421 Stop 751  
Doraville, GA 30362

Box 25 Frogs Int'l Holdings Inc

1100 BELAIR DR E

Pembroke Pines, FL 33027

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
  - A. Corporation - President, Vice President, other principal officer or member of LLC.
  - B. Partnership - General partner or member of LLC.
  - C. Trust - Grantor/Trustor (if Grantor is deceased, need SSN of Trustee as well).
  - D. Estate - Decedent on line 8a.
  - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
  - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
  - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
  - A. Corporation - Date business started or acquired.
  - B. Partnership - Date partnership agreement went into effect.
  - C. Trust - Date trust was created or funded.
  - D. Estate - Date of death of the decedent.
  - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Disregarded Entity Sole Proprietor, or Disregarded Entity Corporation. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members.

ANSWER ON THE SECOND PAGE

(over)

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HP30 000064202

9. Signature

- A. Corporation - President, V. President, other principal officer, or member of LLC.
- B. Partnership - General partner or member of LLC.
- C. Trust or Estate - Personal Representative, Executor, Administrator, or Fiduciary.
- D. Sole Proprietor, Owner
- E. Other - Any third party signing it on SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4 and are unable to assign you an Employer Identification Number, as you will not file any business tax returns. You are to use your social security number (SSN) on S, C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax forms: 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 L.R. B. 7, at the following address:

Internal Revenue Service  
Associate Chief Counsel Domestic  
ATTN: CC:DOM:CORP:T  
P. O. Box 7604  
Ben Franklin Station  
Washington, DC 20044

12. Due to disclosure regulations that strictly govern who may receive any tax-related information, we cannot issue or mail an Employee Identification Number to third parties without a Power of Attorney.

Other (5.) AT THIS TIME I CANNOT SPECIFY THE EXACT  
PRODUCT. I AM LOOKING FOR SOME BUSINESS OPPORTUNITY  
WITH EUROPE. MAYBE GLASS, PORCELAIN OR TOYS.  
THANK YOU FOR YOUR UNDERSTANDING. K. UOHANKA

We apologize for any inconvenience and thank you for your cooperation.

7/17/2001

Sincerely yours,

*Henry J. Buckenmuth*

Chief, Customer Service Branch II

Enclosure(s)  
Your Form SS-4  
Envelope

Attachment  
95137  
JUNE 20, 2002

SUBJECT: BOX OF FROGS INT. HOLDINGS, INC.  
REFERENCE NUMBER P00000064222

I SEND YOU THE PHOTOCOPY OF THE  
FEI NUMBER APPLICATION.

I APPLIED TWO YEARS AGO, I DON'T  
UNDERSTAND WHY I DON'T RECEIVE  
TILL YET THE FEI NUMBER.

PLEASE HELP ME TO CLOSE THIS PROBLEM,  
WHILE I AM LEAVING HERE ONLY A SHORT  
TIME IN FLORIDA.

THANK YOU VERY MUCH FOR YOUR  
UNDERSTANDING.

K. YOHANKEA

