

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90747 001 \*\*\*300.00

DOCUMENT # P00000111663

1. Entity Name  
**PAPA JERKS, INC**

Principal Place of Business  
**14510 NW 16TH COURT**  
**MIAMI FL 33167**

Mailing Address  
**14510 NW 16TH COURT**  
**MIAMI FL 33167**

2. Principal Place of Business  
**14510 NW 16th CT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**14510 NW 16th CT**  
 Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **APPLIED FOR**

☒ Applied For  
☐ Not Applicable

Zip  
**33167-1010**

Country  
**DADE**

Zip  
**33167-1010**

Country  
**DADE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ABRAHAMS, LISA M**  
**14510 NW 16TH COURT**  
**MIAMI FL 33167**

## 7. Name and Address of New Registered Agent

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 *Lisa M. Abrahams*

(NOTE: Registered Agent signature required when reinstating)

4/6/02

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and effects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAMS, LISA M</b>	
STREET ADDRESS	<b>14510 NW 16TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

Date

13056108404

Daytime Phone #

attachment # 27915

PO 0000111663

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>LISA MARIE ABRAHAM</b>		3 Executor, trustee, "care of" name <b>LISA MARIE ABRAHAM</b>	
	2 Trade name of business (if different from name on line 1) <b>PAPA JERKS, INC</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>14510 NW 16th CT</b>	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>14510 NW 16th CT</b>		5b City, state, and ZIP code <b>Miami, FL 33167</b>	
	4b City, state, and ZIP code <b>Miami, FL 33167</b>		5b City, state, and ZIP code <b>Miami, FL 33167</b>	
	6 County and state where principal business is located			
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>LISA MARIE ABRAHAM</b>		7b SSN, ITIN, or EIN <b>265-97-2321</b>	
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input checked="" type="checkbox"/> Other (specify) <b>S-Corporation</b>		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FL</b>		Foreign country
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) <b>RESTAURANT</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year) <b>NOVEMBER 2000</b>		11 Closing month of accounting year <b>DECEMBER</b>		
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) <b>N/A</b>				
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-".		Agricultural Household Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>PUBLIC</b>		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.				
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <b>MAMA JERKS, INC</b> Trade name ▶ <b>MAMA JERKS, INC</b>				
16c 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) <b>NOVEMBER 2000</b> City and state where filed <b>MIAMI, FL 33167</b> Previous EIN <b>651055926</b>				
Third Party Designee	Designee's name		Designee's telephone number (include area code)	
	Address and ZIP code		Designee's fax number (include area code)	
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 (type or print clearly) <b>LISA MARIE ABRAHAM</b>		Applicant's telephone number (include area code) <b>(305) 610-8404</b>		
Signature <b>Lisa Marie Abraham</b>		Applicant's fax number (include area code)		
Date <b>4/29/02</b>				

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)