

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048138

1. Entity Name
ZERO EIGHT PAPA, INC.

Principal Place of Business
**5320 NE 17TH TERRACE
FORT LAUDERDALE FL 33334-5833**

Mailing Address
**525 N OCEAN BLVD., SUITE 616
POMPAÑO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address
5320 NE 17TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT LAUDERDALE, FL.

Zip

Country

Zip
33334-5833

Country
USA

4. FEI Number **65-0682688**

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

**PARNELL, LEDFORD A JR
5546 W OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL 33313**

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, 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 **D** ☐ Delete
NAME **FERREA, JAVIER D**
STREET ADDRESS **525 NORTH OCEAN BLVD., #616**
CITY-ST-ZIP **POMPAÑO BEACH FL 33062**

TITLE **D/P** ☒ Change ☐ Addition
NAME **FERREA, JAVIER D**
STREET ADDRESS **5320 NE 17TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33334-5833**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Javier D. Ferrea

JAVIER D. FERREA

JAN-07-2001

954-491-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR AND PRESIDENT

Date

Daytime Phone #

CELL **954-242-4183**

02/51

CR2E034 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90112 001 ***150.00
01-19-2001 90112 002 *****8.75

44480



DO NOT WRITE IN THIS SPACE