

2001 UNIFORM BUSINESS REPORT (UBR)

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

02/51

DOCUMENT # P96000048138

1. Entity Name
ZERO EIGHT PAPA, INC.

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

Principal Place of Business 5320 NE 17TH TERRACE FORT LAUDERDALE FL 33334-5833	Mailing Address 525 N OCEAN BLVD., SUITE 616 POMPANO BEACH FL 33062
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44480

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5320 NE 17TH TERRACE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE, FL.	4. FEI Number 65-0682688	Applied For <input type="checkbox"/> Not Applicable
Zip 33334-5833	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARNELL, LEDFORD A JR 5546 W OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREA, JAVIER D 525 NORTH OCEAN BLVD., #616 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FERREA, JAVIER D 5320 NE 17TH TERRACE FORT LAUDERDALE, FL. 33334-5833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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**

CR2E034 (10/00)