

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **495 000000195**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29



DO NOT WRITE IN THIS SPACE

1. Entity Name
BITE MY BEEF Products LC
505 E FIRST ST.
SANFORD FL 32771

Principal Place of Business Mailing Address
36 NE First Street
Suite 730
Miami, FL 33132

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 **59-3317944** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, GARY
397 GILSTON COURT
HEATHROW, FL 32746

Name **ERROL SHUSTER MGRM**
Street Address (P.O. Box Number is Not Acceptable)
7855 TALAVERA PLACE
DELRAY BEACH FL 33446
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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME **ERROL SHUSTER**
STREET ADDRESS **7855 TALAVERA PLACE**
CITY - ST - ZIP **DELRAY BEACH FL 33446**

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME **400003314294-0**
STREET ADDRESS **-07/05/00-01011-013**
CITY - ST - ZIP *******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP


TITLE Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
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TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE **5/31/00** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (11/99)