

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P95000074955**

Entity Name:

**MONSTER BURGER, INC.****FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90657 006 \*\*\*150.00

Principal Place of Business

Mailing Address

**3600 YACHT CLUB DRIVE #403**  
**AVENUE, FL 33160**

Principal Place of Business

3. Mailing Address

**3600 YACHT CLUB DRIVE****3600 YACHT CLUB DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**403****# 403**

City &amp; State

**AVENUE FL**

City &amp; State

**AVENUE FL**

Zip

**33160**

Country

Zip

**33160**

Country

4. FEI Number

**65-0631113**

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

**ISAAC EFRAIM**  
**460 SUNSET DRIVE**  
**HALLANDALE FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

**3600 YACHT CLUB DRIVE #403**

City

**AVENUE**

FL

Zip Code

**33160**

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

(NOTE: Registered Agent's signature required when reinstating)

**3/9/01**

DATE

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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	<b>P</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISAAC EFRAIM</b>	NAME	
STREET ADDRESS	<b>460 SUNSET DRIVE</b>	STREET ADDRESS	<b>3600 YACHT CLUB DRIVE #403</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	CITY-ST-ZIP	<b>AVENUE FL 33160</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 (11/00)