2000	UNI	FOR	M BUSI	NESS R	EPOR1	r (UBI	BR)	
DOCUMENT # A9900001754								
1. Entity Name DRIVE-THRU CONCEPTS, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 5800 N.W. 74TH AVENUE MIAMI FL 33166			Mailing Address 5800 N.W. 74TH AVENUE MIAMI FL 33166-3740			00 APR 21 AM 3: 05		
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
. City & State			City & State			4. FEI Number Applied For Not Applicable		
Zip		Countr	У	Zip	Co	ountry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Add	ress of Current F	legistered Agent			7. Name and Address of New Registered Agent	
BARED, CARLOS 5800 N.W. 74TH AVENUE MIAMI FL 33166						Name Street Address (P.O. Box Number is Not Acceptable)		
ć. A						City FL Zip Code		
SIGNATURE							or registered agent, or both, in the State of Florida.	
9. Capital Contributions \$5,000.00 10. Amoun				10. Amoun	nt of Capital Cor RIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A NOTE	GENERA Genera	L PARTNER TI	HAT IS A BUSIN NOT be chang	ESS ENTITY	MUST BE I	E REGISTERED AND ACTIVE WITH THIS OFFICE. nendment must be filed to change a general partner.	
12.			NERAL PARTNER	INFORMATION	1	13.	ADDRESS CHANGES ONLY	
DOCUMENT P99000094115 NAME DRIVE-THROUGH CONCEPTS MANAGE STREET ADDRESS 5800 NW 74TH AVENUE				NAGEMENT INC	i i		is	
CITY-ST-ZIP	MIAMI FL					CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS					ı	STREET ADDRESS	100003243351==1	
CITY-ST-ZIP		_				CITY - ST - ZIP	2 -05/11/0001119012 ****141.25 ****141.25	
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STREET ADDRESS CITY - ST - ZIP	,					CITY - ST - ZIP		
DOCUMENT# NAME						STREET ADDRESS	S .	
STREET ADDRESS					1			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

CITY - ST - ZIP

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

CITY-ST-ZIP

NAME : STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATIVE PESSIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00

Daytime Phone #