

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

DOCUMENT # G98062

1. Entity Name
FAST FOOD MANAGEMENT OF MIAMI, INC.



02-03-2003 90410 001 ***150.00
02-03-2003 90410 002 *****8.75

Principal Place of Business
**1519 PONCE DE LEON AVE
SUITE 507
SANTURCE PR 00909-1733
US**

Mailing Address
**1519 PONE DE LEON AVE
SUITE 507
SANTURCE PR 00909-1733**



2. Principal Place of Business

3. Mailing Address

FIRSTBANK BLDG., STE. 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

#1519 PONCE DE LEON AVE.

City & State

City & State

SAN JUAN, P.R. 00909

4. FEI Number

52-1341146

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

00909

PUERTO RICO

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

**DEL VALLE, MANUEL R
7270 N.W. 12TH ST.
SUITE 761
MIAMI FL 33126-1929**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Delete
NAME **REGIS, JOHN A. JR.**
STREET ADDRESS **KINGS COURT 70, COND. PRILA APT. 19-A**
CITY-ST-ZIP **SANTURCE PR 00911**

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

TITLE **DVS** ☐ Delete
NAME **REGIS, JOHN A**
STREET ADDRESS **600 BLVD. DE LOS ARBOLES, BZ316 URB. ARBOLE**
CITY-ST-ZIP **DE MONTEHIEDRA RIO PIEDRAS PR 00926**

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

TITLE **D/T** ☐ Delete
NAME **ALICEA, JOHN**
STREET ADDRESS **B-32 PORTAL DE LOS PINOS**
CITY-ST-ZIP **RIO PIEDRAS PR 00928**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(b) 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 207, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 23, 2003 7877251814

CR2E034 (10/02)