FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90361 007 ***150.00

DOCUMENT # J 37754

1. Entity Name
CHEEBURGER-CHEEBURGER OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

11033992

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2413 PERIWINKLE WAY Suite, Apt. #, etc.	2413 PERIWINKLE WAY Suite, Apt. #, etc.	
City & State: SANIBEL ISLAND FL Zip: 33957 Country: U.S.	City & State: SANIBEL ISLAND, FL. Zip: 33957 Country: US.	4. FEI Number: 59-2724750 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KEITH J. KANOWE, ESQ
Street Address (P.O. Box Number is Not Acceptable): 6879 GIRALDA CIRCLE
City: BOCA RATON FL Zip Code: 33433

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUCE ZICARI 2413 PERIWINKLE WAY SANIBEL, FL. 33957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Zicari Pres. 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE ZICARI