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Secretary of State	
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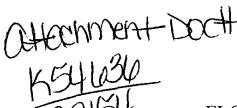
DOCUMENT # K54636 1. Entity Name				Secretary of State 07-19-2001 90001 032 ***550.00				
BURGER	MART TWO, INC.)				
Principal Plac	e of Business	Mailing Address				_		
9990 S.W. 77T	H AVE.	9990 S.W. 77TH AVE.						
PENTHOUSE #		PENTHOUSE #8		1	•		1	
MIAMI FL 3315	6	MIAMI FE 33156				10) 140) Black B	ÉLYK ORÐAL GAÐAL GAÐAR ÆKÐAL A	HALL BATH ITAL
US US								
2. Principal Place of Business		3. Mailing Address			و دید در حص	DO NOT WRITE	IN TUIC CRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1		DO NOT WRITE	IN TRIS SPACE	
City & State		City & State			4. FEI Number	65-0105904	· ——	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New Reg	Jistered Agent	
		- 11. B.1594	Name				1	
ATLANTIS	REGISTERED AGENTS INC. SA DAVE: 9990 SW 77	2 Ano #8	Street A	Address (P	.O. Box Number	is Not Acceptable)		
	AVE. 7770 See 11	- ALE TO	 				<u> </u>	
- #9 19-			ļ <u>.</u>		<u> </u>		÷	
MIAMITE	33131- Mi Ami, Floc	1 dr	City				FL Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registere	d agent, or both	, in the State of Florid	da.	
							•	
SIGNATURE.	Signature, typed or printed name of registered agent e	nd title if applicable. (NOTE	: Registered Agent signs	ture required w	men reinstating)		DATE	
9 This course	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$550	00				
Tax filing:	requirement and elects to do so.	After September 12	, 2001 Fee will i	ốể \$750.0	U Trus	lion Campaign Finar t Fund Contribution.		O May Be
(See criter	ria on back)	Make Check Payab	<u> </u>	nt of State				
11.	OFFICERS AND I		12	т-	ADDITIONS/C	HANGES TO OFFIC	ERS AND DIRECTOR	
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NAME STREET ADDRESS	BURGER, SANDRA 9990 SW 77TH AVE PH #8		STREET ADDRESS					ļ
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NAME	BURGER, SANDRA		NAME	1			i i	ĺ
STREET ADDRESS	9990 SW 77TH AVE PH #8		STREET ADDRESS	1		_	:	}
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	 				- 144°
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CITY-ST-ZIP	-		CITY - ST-ZIP				<u> </u>	
TITLE		☐ Delete	TITLE	1			☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS CITY - ST - ZIP	1.			(
CITY-ST-ZIP	certify that the information supplied with	this filling does not be with the	_1	tad is Car	line 110 07(2\f)	Florida Statutas 14	irthor cortifu that the i	ntormation
is inerepy (certify that the information supplied with	area ming does not quality for	THE EXCHIPTION SIZE	1440 H 1 2 QC	uori i i∂.∪r (⊃)(i),	THE PROPERTY OF THE PROPERTY OF THE	and comy hat his	

indicated on this report or supplied with an ad accurate and that my signature shall have the same legal effect as it 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 RESIRED

2001 UNIFORM BUSINESS REPORT (UBR)





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 23, 2001

BURGER MART TWO, INC. 9990 S.W. 77TH AVE. PENTHOUSE #8 MIAMI, FL 33156 US

Subject: BURGER MART TWO, INC.

Reference

K54636

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION