

2001 UNIFORM BUSINESS REPORT (UBR)

3/9

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-09-2001 90005 001 ***150.00

DOCUMENT # K77832

1. Entity Name
BURGER MART THREE, INC.



Principal Place of Business 9990 S.W. 77TH AVE. PENTHOUSE #8 MIAMI FL 33156 US	Mailing Address 9990 S.W. 77TH AVE. PENTHOUSE #8 MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0113703	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ATLANTIS REGISTERED AGENTS INC
25 SE 2ND AVE
#919
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: Sandra J. Burger
 Street Address (P.O. Box Number is Not Acceptable):
9990 SW 77th Ave PH8
 City: Miami FL Zip Code: 33156

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.
 SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating)
 DATE: 3/16/01

9. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURGER, SANDRA 9990 SW 77TH AVE PH#8 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGER, SANDRA 9990 SW 77TH AVE PH#8 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] DATE: 3/7/01 DAYTIME PHONE #: 305 271 5757

CRZED34 (10/00)