

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009387

1. Entity Name
SUNSET CHURROS, LLC

Principal Place of Business

142 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023

Mailing Address

142 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERMAN, CARLOS D
100 SE 2ND STREET, SUITE 2620
MIAMI FL 33131

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BARZELLOTTI, EVA P
142 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004191913--2
-05/09/01--01135--001
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
MICHAEL IFRAH
142 S. STATE ROAD 7
HOLLYWOOD, FL. 33023 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/20/01

954-962-5018

Date

Daytime Phone #

0007081 AF

CR2E083 (11/00)

APPROVED
AND
FILED
01 APR 26 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE