

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000014121**

1. Entity Name
HIALEAH GARDENS TOP SALES, L.L.C.

FILED

01 JUL 16 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**23123 SOUTH STATE ROAD 7, STE 301
BOCA RATON FL 33428**

Mailing Address
**23123 SOUTH STATE ROAD 7, STE 301
BOCA RATON FL 33428**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
65-1059820

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHALLER, VERNON
23123 SOUTH STATE RD 7, STE 301
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**100004488771-8
-07/23/01--01004--014
*****50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE President	<input type="checkbox"/> Delete
NAME Alvaro Cabrera	
STREET ADDRESS Fortune Fast Foods, Inc, Mgr	
CITY-ST-ZIP 7144 Sw 4th Miami, FL 33155	
TITLE James N. Gordon, Mgr	<input type="checkbox"/> Delete
NAME Dade County Fast Foods, LLC, Mgr	
STREET ADDRESS 23123 S, State Rd 7, #301	
CITY-ST-ZIP Boca Raton, FL 33486	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **James N. Gordon** (561) 451-0220

DATE: _____ DAYTIME PHONE # _____

01431
CR2E083 (11/00)