

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

03-28-2002 90126 050 \*\*\*\*50.00

DOCUMENT # L01000003489

1. Entity Name

FRANCHISE RESTAURANT NO. 32, L.L.C.

Principal Place of Business

7395 WEST 4TH AVENUE  
HIALEAH FL 33014

Mailing Address

7395 WEST 4TH AVENUE  
HIALEAH FL 33014

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

65-1088325

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

LOOMAR, L. GREGORY ESQ.  
1152 NORTH UNIVERSITY DRIVE, SUITE 201  
PEMBROKE PINES FL 33024

Name JAY SHAPIRO & ASSOC'S, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1625 N. COMMERCE PKWY, # 225

City WESTON, FL 33326 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  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME URENA, JOSE  
STREET ADDRESS 4328 FOX RIDGE DRIVE  
CITY-ST-ZIP WESTON FL 33331-4004 ☐ Delete

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

TITLE MGR  
NAME TIKTIN, ADAM  
STREET ADDRESS 1041 W. COMMERCIAL BLVD., SUITE 101  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

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

TITLE MGR  
NAME VARGAS, FRANCISCO A  
STREET ADDRESS 20033 NW 62  
CITY-ST-ZIP MIAMI FL 33160 33015. P.O. Box ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E083 (9/01)