

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90002 016 ****55.00

DOCUMENT # L02000029617

1. Entity Name
FAST FOOD TRENDS, LLC



Principal Place of Business
**146 WEST SUNRISE AVENUE
CORAL GABLES FL 33133**

Mailing Address
**PO BOX 330827
COCONUT GROVE FL 33233**

2. Principal Place of Business
**940 Lincoln Rd.
Suite, Apt. #, etc.
2-1**

3. Mailing Address

Suite, Apt. #, etc.

City & State
**Miami Beach
FL 33139**

City & State

Zip Country
FL 33139 USA

4. FEI Number
05-0538288

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Pedro J. Iturregui**

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

940 Lincoln Rd. Suite 201

City **Miami Beach**

FL

Zip Code
33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Pedro J. Iturregui**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/6/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MORA, JAVIER G**
STREET ADDRESS **146 WEST SUNRISE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **MGR** ☐ Delete
NAME **ITURREGUI, PEDRO J**
STREET ADDRESS **146 WEST SUNRISE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **S** ☐ Delete
NAME **ORTEGA, MARIA L**
STREET ADDRESS **146 WEST SUNRISE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **T** ☐ Delete
NAME **MORA, JAVIER G**
STREET ADDRESS **146 WEST SUNRISE AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS **940 Lincoln Rd. Suite 201**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE
NAME
STREET ADDRESS **940 Lincoln Rd. Suite 201**
CITY-ST-ZIP **Miami Beach, FL 33139**

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TITLE
NAME
STREET ADDRESS **940 Lincoln Rd. Suite 201**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

3/6/03 (305) 321-0668

CR2E083 (10/02)