

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003194

1. Entity Name

FAST FOOD DEVELOPMENT, L.L.C.

APPROVED
AND
FILED

00 MAY 22 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

23123 SOUTH STATE ROAD 7, SUITE 301
BOCA RATON FL 33428

Mailing Address

23123 SOUTH STATE ROAD 7, SUITE 301
BOCA RATON FL 33428-5407

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

65-0925166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ASTON, BRYAN~~

23123 SOUTH STATE ROAD 7, SUITE 301
BOCA RATON FL 33428

Name

VERN SCHALLER

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 MGR ☐ Delete
NAME GORDON, JAMES N
STREET ADDRESS 23123 SOUTH STATE ROAD 7, SUITE 301
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition
NAME 600003283926--2
STREET ADDRESS -06/12/00--01003--024
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME SCHALLER, VERNON G
STREET ADDRESS 23123 SOUTH STATE ROAD 7, SUITE 301
CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE MGR ☐ Delete
NAME KROENKE, E. STANLEY
STREET ADDRESS 1001 CHERRY STREET, SUITE 308
CITY-ST-ZIP COLUMBIA MD 65201

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

TITLE MGR ☐ Delete
NAME CABRERA, ALVARO M JR.
STREET ADDRESS 495 BILTMORE WAY, SUITE 308
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)