**FILED** 

sos )667-5813

03/11/02

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am Secretary of State DOCUMENT # L9900003752 1. Entity Name 03-25-2002 90162 034 \*\*\*\*55.00 SEA WALK FAST FOOD ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 23123 S. STATE ROAD 7, SUITE 301 7144 SW 47 ST **BOCA RATON FL 33428 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 43-4867095 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHALLER, VERN Street Address (P.O. Box Number is Not Acceptable) 23123 S. STATE ROAD 7, SUITE 301 **BOCA RATON FL 33428** City 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME CABRERA, ALVARO M JR. NAME STREET ADDRESS 7144 SW 47 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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

execute this report as required by Chapter 608, Florida Statutes.

NAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the receiver or trustee empowered to

SIGNATURE