2000 UNIFORM BUSINESS REPORT (UBR)

. Entity Name BTH STREET MUCHO SALES, L.L.C	00006659	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DIVISION	TARY OF STATE OF CORPORATION	NS
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rincipal Place of Business 3123 SOUTH STATE ROAD 7. SUITE 301 IOCA RATON FL 33428	SOUTH STATE ROAD 7. SUITE 301 23123 SOUTH STATE ROAD 7. SUITE 301			. ~	The state of the s	
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Principal Place of Business	3. Mailing Address			<u> </u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	
City & State	City & State		4. FEI Numbe	865539	~ ⊢	pplied For ot Applicable
Zip Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Ac	ditional
6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New Re	<u>·</u>	
ASTON, BRYAN 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON FL 33428		2312 City Boo	.3 S.	r is Not Acceptable) State ON	FL 233	301 428
The above named entity submits this statement	for the purpose of changing its	s registered office or regis	tered agent, or both	h, in the State of Flor	rida.	
GNATURE Signature, typed or printed name of registered ageing	nt and title if applicable. (NO	TE: Registered Agent signature requ	red when reinstating)		DATE	
GNATURE Signature, typed or printed name of registered agei	======================================	IOW!!!- FEE-IS-\$50:0)		DATE ,	
Signature, typed or printed name of registered agei	FILE N Make Check Pa	IOW.III. FEE.IS.\$50.00 ayable to Department)	ADDITIONS (
MANAGING MEM ME FORTUPE FUST FOODS Signature, typed or printed name of registered agent MANAGING MEM FORTUPE FUST FOODS 1144 SW 4445	Make Check Pa	IOW!!!- FEE-IS-\$50:0	of State		CHANGES Change C	009
MANAGING MEM ME ME ME ME ME ME ME ME ME	Make Check Paragraph Make Chec	Ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	of State	000033 -07/10/	CHANGES Change 317127 0001011 (50) ***** Change	—————————————————————————————————————
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER