

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006659**

1. Entity Name
8TH STREET MUCHO SALES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:06

Principal Place of Business Mailing Address
23123 SOUTH STATE ROAD 7, SUITE 301 **23123 SOUTH STATE ROAD 7, SUITE 301**
BOCA RATON FL 33428 **BOCA RATON FL 33428**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **7144 SW 47 Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Miami, FL **Miami, FL** **43-1865539** Not Applicable
Zip Country Zip Country
33155 **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SCHALLER, VERN Name
23123 SOUTH STATE ROAD 7, SUITE 301 Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33428 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTUNE FAST FOODS, INC. 7144 S.W. 47TH ST. MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DADE COUNTY FAST FOOD, LLC 23123 SOUTH STATE ROAD 7, SUITE 301 BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004618731--5 -10/01/01--01086--021 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** Date: **09/21/01** Daytime Phone #: **(305) 667-5813**

STAPLE CHECK HERE

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DO NOT WRITE IN THIS SPACE