

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 30 AM 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M99000000583**

1. Entity Name  
**BISCAYNE & 54 FAST FOOD, L.L.C.**

Principal Place of Business  
315 WOODLAWN, APARTMENT 7  
O'FALLON MO 63366

Mailing Address  
315 WOODLAWN, APARTMENT 7  
O'FALLON MO 63366-2832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1847759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTON, BRYAN  
23123 S. STATE ROAD 7, SUITE 301  
BOCA RATON FL 33428

Name

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  Delete  
NAME MGR  
STREET ADDRESS KROENKE, E. STANLEY  
CITY-ST-ZIP 1001 CHERRY ST., #308  
COLUMBIA MO 65201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS GORDON, JAMES N  
CITY-ST-ZIP 23123 S STATE RD 7, E301  
BOCA RATON FL 33428

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300003290023--2  
-06/14/00--01114--025

TITLE  Delete  
NAME MGR  
STREET ADDRESS CABERA, ALVARO M JR  
CITY-ST-ZIP 495 BILTMORE WAY #308  
CORAL GABLES FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

\*\*\*\*\*50.00  Change  Addition

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

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 #

11-931001

CR2E083 (9/95)