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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083360

1. Corporation Name

BURRITO JIM'S SAN FRANCISCO BURRITO CO.

| Principal F | lace of | Business |
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Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90097 043 ***150.00

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| | | 5187 S. UNIVERSITY DRIV DAVIE FL 33328 | it87 S. University Drive Davie Fl 33328 | | | | | |
| | , | | | | DO NOT WRITE IN THIS | SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 10/31/1995 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | • | 4. FEI Number | | plied For | |
| 21 | | 26 | | | 65-0627087 | No. | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional | |
| 22 | • | 27 | | | 5. Certificate of Status Desired | Fee Re | equired | 1 |
| City & State | e | City & State | | | 6 Election Campaign Financing | - \$5.00 | May Be | _ |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees | ĺ |
| Zip | Country | Zip | Coun | itry | 8. This corporation owes the current year Inta | ıngible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes _ | □No |] |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered A | Agent | | |
| | | | | 81 Name | | | | |
| | DEN, JAMES J | | ŀ | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | | | ļ |
| | ' S. UNIVERSITY DRIVE | | 1 | ou ou vie | | | | |
| DAVI | E FL 33328 | | ľ | 83 | | | | |
| | | • | - | 84 City | | 85 Zip | Code | |
| | | | | , | <u> </u> | 1 1 _ | | • |
| 11. Pursuant office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with and accept the obligate | and 607.1508, Florida Statu of Florida. Such change was | ites, the ab authorized orida Statu | ove-named cor by the corporat tes. | poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin | changing its itment as re | registered gistered | |
| SIGNATURE | ATTEMPER WILL, UTG GOODE IN DESIGN | ond on occurrence | | | | | | |
| SIGNATORE | Signature, typed or printed name of registered agent | | E: Registered A | Agent signature requi | red when reinstating) DATE | | | 60 |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | | | 1 5 |
| TITLE | _. PD | ☐ DELETE | 1,1 TITL | E | | ☐ Change | ☐ Addition | Σ |
| NAME | GUARDARRAMA, J | | 1,2 NA | AE | | | | 5 |
| STREET ADDRESS | | | | | | | | ٠, |
| | 5187 S UNIVERSITY DR | | 1,3 STF | REET ADDRESS | | | | ΙÄ |
| CITY-ST-ZIP | 5187 S UNIVERSITY DR DAVIE FL | | | Y-ST-ZIP | | | | 100 |
| CITY-ST-ZIP TITLE | | ☐ DELETE | | Y-ST-ZIP | | Change | Addition | CDOE |
| TITLE | DAVIE FL VP | ☐ DELETE | 1,4 CIT | Y-ST-ZIP .E | | ☐ Change | Addition | CDO |
| TITLE NAME | DAVIE FL VP GOLDEN, JAMES J | ☐ DELETE | 1,4 CIT 2.1 TITL 2.2 NA) | Y-ST-ZIP .E | | . Change | ☐ Addition | TCO |
| TITLE NAME STREET ADDRESS | DAVIE FL VP GOLDEN, JAMES J 5187 S. UNIVERSITY DRIVE | DELETE | 1,4 CIT 2.1 TITL 2.2 NAI 2.3 STF | Y-ST-ZIP .E .ME REET ADDRESS | | _ Change | ☐ Addition | 3000 |
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: