

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000104446**

Entity Name

EAST COAST BURRITO FACTORY, INC.**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90102 035 ***150.00

Principal Place of Business

**EAST COMMERCIAL BLVD
FORT LAUDERDALE FL 33334**

Mailing Address

**261 EAST COMMERCIAL BLVD
FORT LAUDERDALE FL 33334**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0729695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAGER, ROSS CPA
1000 N HIATUS ROAD
PEMBORAK PINES FL 33026**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

3/5/02
DATEThis corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME

ME

STREET ADDRESS

CITY - ST - ZIP

**D
LEVIN, NED
271 E COMMERCIAL BVDL
FT LAUDERDALE FL 33334**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

NAME

ME

STREET ADDRESS

CITY - ST - ZIP

**VD
HOCHHAUSER, HAL
550 S PARK RD #828
HOLLYWOOD FL 33021**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

NAME

ME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

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 or supplemental 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an agent with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

Date

954-772-8007

Custome Phone