

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010346

1. Entity Name

BURRITO FACTORY LICENSING GROUP, INC.

FILED

Jun 08, 2000 8:00 am  
Secretary of State

06-08-2000 90026 041 \*\*\*150.00

Principal Place of Business

965 N NOB HILL RD  
STE 112  
PLANTATION FL 33324  
US

Mailing Address

965 N NOB HILL RD  
STE 112  
PLANTATION FL 33324-1078  
US

2. Principal Place of Business

965 N Nob Hill Rd

3. Mailing Address

965 N. Nob Hill Rd.

Suite, Apt. #, etc.

PMB # 141

Suite, Apt. #, etc.

PMB # 141

City & State

Plantation, FL

City & State

Plantation

Zip

33324

Country

US

Zip

33324

Country

US

4. FEI Number

65-0907426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHARTZ, RICHARD E  
STEARNS WEAVER MILLER  
150 W FLAGLER ST STE 2200  
MIAMI FL 33131

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

9. This 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SHEIRT, DAVID H	
STREET ADDRESS	<del>465 N NOB HILL RD STE 112</del>	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	METZKES, MICHAEL	
STREET ADDRESS	<del>465 N NOB HILL RD STE 112</del>	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, EDWARD	
STREET ADDRESS	<del>465 N NOB HILL RD STE 112</del>	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	965 N Nob Hill Rd, PMB # 141
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	965 N Nob Hill Rd, PMB # 141
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	965 N Nob Hill Rd, PMB # 141
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 954 242 3176