

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69789

1. Entity Name

BURGER KING SWEDEN INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90044 050 ***150.00

Principal Place of Business

Mailing Address

17777 OLD CUTLER ROAD
MIAMI FL 33157

TAX DEPT 18X3
200 SOUTH 6TH STREET
MINNEAPOLIS MN 55402-1403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DIAGEO Inc.
200 SOUTH SIXTH STREET
M/S 08X3

City & State

MINNEAPOLIS, MN 55402-1464

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0409063

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME CLAYTON, PAUL ☐ Delete
STREET ADDRESS 17777 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL

TITLE DP ☒ Change ☒ Addition
NAME Dennis Malamatinas
STREET ADDRESS 17777 Old Cutler RD
CITY-ST-ZIP Miami, FL 33157

TITLE D ☐ Delete
NAME HEGGIE, COLIN
STREET ADDRESS 17777 OLD CUTLER RD
CITY-ST-ZIP MIAMI FL

TITLE DVPT ☒ Change ☐ Addition
NAME Colin C. Heggie
STREET ADDRESS 17777 Old Cutler RD
CITY-ST-ZIP Miami FL 33157

TITLE CEO ☒ Delete
NAME MALAMATINAS, DENNIS
STREET ADDRESS 17777 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL

TITLE DVPS ☐ Change ☒ Addition
NAME Enrique Silva
STREET ADDRESS 17777 Old Cutler RD
CITY-ST-ZIP Miami, FL 33157

TITLE C ☒ Delete
NAME MCGRATH, JOHN
STREET ADDRESS 17777 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL 33157

TITLE VPAS ☐ Change ☒ Addition
NAME W. Barry Blum
STREET ADDRESS 17777 Old Cutler RD
CITY-ST-ZIP Miami, FL 33157

TITLE AS ☐ Delete
NAME POPPELE, DONALD R
STREET ADDRESS 200 SOUTH SIXTH STREET
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Amy R. Knights
STREET ADDRESS 17777 Old Cutler RD
CITY-ST-ZIP Miami, FL 33157

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

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Poppele

Date

4-25-00

Daytime Phone #

(612) 330-7094

0.14.1999

[illegible]