

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096464

**Entity Name:** BURGER KING INTERAMERICA, LLC

**Current Principal Place of Business:**

5707 BLUE LAGOON DRIVE  
MIAMI, FL 33126

**Current Mailing Address:**

5707 BLUE LAGOON DRIVE  
MIAMI, FL 33126 US

**FEI Number:** 59-1299022

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            FINAZZO, CHRIS  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            SECRETARY  
Name            TOME, VICENTE  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            CONTROLLER AND CHIEF  
                 ACCOUNTING OFFICER  
Name            FRIESNER, JACQUELINE  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            CFO  
Name            DUNNIGAN, MATTHEW  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            HEAD OF FINANCE  
Name            MAIA, LUIS  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            HEAD OF TAX  
Name            SCHICHTEL, MARK  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            ASSISTANT SECRETARY  
Name            GONZALEZ, ESTHER  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title            TREASURER  
Name            MONTINI, FLAVIO  
Address        5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELE KEUSCH

**ASSISTANT SECRETARY    04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT SECRETARY  
Name GRANAT, JILL  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASST. SECRETARY  
Name KEUSCH, MICHELE  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title HEAD, TAX PROVISIONING  
Name BOMAR, JIM  
Address 5707 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASST. SECRETARY  
Name DOMANKO, JON  
Address 130 KING STREET WEST  
EXCHANGE TOWER, 3RD FLOOR  
City-State-Zip: TORONTO ONTARIO M5X 1E1