

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90439 032 ***150.00

MAILED
 4/17

DOCUMENT # L90138

1. Entity Name
APOLLO BEACH FOODS, INC.

Principal Place of Business

6036 HWT 41 NORTH
APOLLO BEACH FL 33570

Mailing Address

% MANAGING FOOD. LLC
1326 E. LUMSDEN RD.
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3023571**

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

KAZBOUR, TALAL
2503 HWY 60 EAST
VALRICO FL 33594

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	KAZBOUR, TALAL	
STREET ADDRESS	2503 HWY 60 EAST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	☐ Delete
NAME	KAZBOUR, TAREK	
STREET ADDRESS	2503 HWY 60 EAST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	☐ Delete
NAME	KAZBOUR, ZIAD	
STREET ADDRESS	2503 HWY 60 EAST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	☐ Delete
NAME	KAZBOUR, HABIB	
STREET ADDRESS	2503 HWY 60 EAST	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	Kazbour Talal	
STREET ADDRESS	1326 E. Lumsden Road	
CITY-ST-ZIP	Brandon FL 33511	
TITLE	VD	☒ Change ☐ Addition
NAME	Kazbour Tarek	
STREET ADDRESS	1326 E. Lumsden Road	
CITY-ST-ZIP	Brandon FL 33511	
TITLE	TD	☒ Change ☐ Addition
NAME	Kazbour Ziad	
STREET ADDRESS	1326 E. Lumsden Road	
CITY-ST-ZIP	Brandon FL 33511	
TITLE	SD	☒ Change ☐ Addition
NAME	Kazbour Habib	
STREET ADDRESS	1326 E. Lumsden Road	
CITY-ST-ZIP	Brandon FL 33511	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-802

813 681 0622

CR2E034 (9/01)