

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-25-2002 90011 007 ***150.00

DOCUMENT # L01000008309

1. Entity Name

MANAGING FOOD, LLC

Principal Place of Business

**1326 EAST LUMSDEN ROAD
BRANDON FL 33511**

Mailing Address

**1326 EAST LUMSDEN ROAD
BRANDON FL 33511**

86695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3723331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA FL 33606**

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

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TALAL A. KAZBOUR REVOCABLE TRUST
1108 DEER RUN PLACE
VALRICO FL 33594** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TALAL A. KAZBOUR REVOCABLE TRUST
1326 E Lumsden Rd
Brandon FL 33511** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**MGRM
TAREK A. KAZBOUR REVOCABLE TRUST
1108 DEER RUN PLACE
VALRICO FL 33594** ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Talal Kazbour**813-6840622**

CR2E083 (9/01)