

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90056 031 ***150.00

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DOCUMENT # P00000020312

1. Entity Name
2K FOOD MANAGEMENT, INC.

Principal Place of Business
2710 LANCASTER CT
APOPKA FL 32703

Mailing Address
2710 LANCASTER CT
APOPKA FL 32703

A00069060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2534 33rd St.

3. Mailing Address
2534 33rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL.

City & State
Orlando, FL.

4. FEI Number
59-3627065

Applied For
 Not Applicable

Zip
32839

Country
 —

Zip
32839

Country
 —

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

FAYED, TAREK M
2710 LANCASTER CT
APOPKA FL 32703

Name
Same
 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 Tarek Fayed Tarek Fayed 2-12-01
 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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President
Tarek Fayed
2710 Lancaster Ct. APOPKA 32703

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary
Ahmed Darwish
2113 Polo Club Dr. APT 103
Kissimmee FL 34741

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

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☐ Change ☐ Addition

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: Tarek Fayed Tarek Fayed 2-12-01 407-872-0540
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)