

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90113 046 ***150.00

DOCUMENT # P00000048992

1. Entity Name
ZAHBO FOOD CORP.

Principal Place of Business
7501 DADELAND MALL
FC-9
MIAMI FL 33156

Mailing Address
7501 DADELAND MALL
FC-9
MIAMI FL 33156

80106625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5701 SUNSET DR.

3. Mailing Address
5701 SUNSET DR.

Suite, Apt. #, etc.
A01

Suite, Apt. #, etc.
A01

City & State
SOUTH MIAMI

City & State
SOUTH MIAMI

Zip **33143** Country **USA**

Zip **33143** Country **USA**

4. FEI Number **65-1008333**

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

ZAHROUR, JOSE
7501 DADELAND MALL
FC-9
MIAMI FL 33156

Name **HEJAZI, JOSEPH**
 Street Address (P.O. Box Number is Not Acceptable)
5701 SUNSET DRIVE
 City **SOUTH MIAMI** FL **33143**

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 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** ☒ Delete
 NAME **ZAHROUR, JOSE**
 STREET ADDRESS **7501 DADELAND MALL FC-9**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PD** ☒ Change ☐ Addition
 NAME **HEJAZI, JOSEPH**
 STREET ADDRESS **5701 SUNSET DRIVE**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VD** ☐ Delete
 NAME **BOSCHETTI, LUIS**
 STREET ADDRESS **3 GROVE ISLE #309**
 CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 OF REGISTERED AGENT**

Date **05-03-02** Daytime Phone # **305-669-7917**

CR2E034 (9/01)