FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90138 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80115077

DOCUMENT # P02000027131

1. Entity Name
RASUL TARIK FOOD, INC.

Principal Place of Business	Mailing Address
18350 NW 47 AVENUE MIAMI, FL 33055	18350 NW 47 AVENUE MIAMI, FL 33055

2. Principal Place of Business	3. Mailing Address
7105 W. 12th AVENUE	7105 W. 12th AVENUE
Suite, Apt. #, etc. #687	Suite, Apt. #, etc. #687
City & State HIALEAH, FL.	City & State HIALEAH, FL.
Zip 33014 Country U.S.A.	Zip 33014 Country U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0563492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AHMED, ZAKI
18350 NW 47 AVENUE
MIAMI, FL 33055

7. Name and Address of New Registered Agent
Name AHMED, ZAKI
Street Address (P.O. Box Number Is Not Acceptable)
7105 W. 12th AVENUE, #687
City HIALEAH FL Zip Code 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Zaki Ahmed 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHMED, ZAKI 18350 NW 47 AVENUE MIAMI, FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7105 W. 12th AVENUE, #687 HIALEAH, FL. 33014	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Zaki Ahmed 4/30/03 (305)825-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #