FILED

## 2002 Uniform Business Report (UBR)

## Apr 18, 2002 8:00 am § Secretary of State P93000086771 DOCUMENT # 1. Entity Name 04-18-2002 90439 034 \*\*\*150.00 T. & A. FOODS, INC. Principal Place of Business Mailing Address 4814 US HWY 17 NO % MANAGING FOOD, LLC BOWLING GREEN FL 33834 1326 E. LUMSDEN RD. BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3224096 Not Applicable Zip Country Country **\$8.75** Additional . 5. Certificate of Status Desired - £ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRY, CLIFTON C JR Street Address (P.O. Box Number is Not Acceptable) 750 W LUMSDEN RD SUITE B-103 **BRANDON FL 33511** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Addition Change KAZBOUR, ZIAD A NAME NAME STREET ADDRESS 1119 HUNT CLUB LANE STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Kuzbur Talal 1326 E. Lymsden Road Kazbour, Talal NAME NAME STREET ADDRESS 1103 DEER RUN PL STREET ADDRESS CITY-ST-7IP VALRICO FL 33594 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KAZBOUR, TAREK NAME STREET ADDRESS 1108 DEER RUN PL STREET ADDRESS CITY-ST-ZIP valrico fl 33594 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered