

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90041 033 ***150.00

DOCUMENT # P95000015688

1. Entity Name
KAZI FOODS OF FLORIDA, INC.

Principal Place of Business
**771 SOUTH SANTE FE AVE.
 PUEBLO CO 81006**

Mailing Address
~~771 SOUTH SANTE FE AVE.
 PUEBLO CO 81006~~
**KAZI FOODS
 134 W. Chocolate Ave.
 Hershey, PA 17033-1527**



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 **52-1920382**

Applied For
 Not Applicable

Zip

Country

Zip

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

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete
NAME	KAZI, ZUBAIR	
STREET ADDRESS	3671 SUNSWEPT DRIVE	
CITY-ST-ZIP	STUDIO CITY CA 91604	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	VENSOR, SHARON	
STREET ADDRESS	771 S. SANTE FE AVE.	
CITY-ST-ZIP	PUEBLO CO 81006	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCANLAN, C	
STREET ADDRESS	3671 SUNSWEPT DRIVE	
CITY-ST-ZIP	STUDIO CITY CA 91604	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAZI, ZUBAIR	
STREET ADDRESS	3671 SUNSWIFT DRIVE	
CITY-ST-ZIP	STUDIO CITY CA 91604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Director of Restaurant</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Lee Dickey</i>	
STREET ADDRESS	<i>134 W Chocolate Ave</i>	
CITY-ST-ZIP	<i>Hershey PA 17033</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

SIGNATURE: *Darwin Oleson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/11/01* Daytime Phone #: *(719) 544 2920*

CR2E034 (10/00)