

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90066 026 ***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
**30 DRONNINGENS GADE
SUITE B30
ST THOMAS VI 00802**

2. Principal Place of Business
54 NW 167th Street

3. Mailing Address
P.O. Box 11239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State
St. Thomas, VI

4. FEI Number
52-1920382

Applied For
Not Applicable

Zip
33169

Country
Dade County

Zip
00801

Country
USA

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

SIGNATURE _____
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 **P** ☐ Delete
NAME **KAZI, ZUBAIR**
STREET ADDRESS **3671 SUNSWEPT DRIVE**
CITY-ST-ZIP **STUDIO CITY CA 91604**

TITLE **CONTROLLER** ☐ Change ☒ Addition
NAME **COLLINS, DAVID**
STREET ADDRESS **P.O. Box 11239**
CITY-ST-ZIP **ST. THOMAS, VI 00801**

TITLE **A** ☒ Delete
NAME **DICORY, LEE**
STREET ADDRESS **134 W CHOCOLATE AVE**
CITY-ST-ZIP **HERSHEY PA 17033**

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

TITLE **S** ☐ Delete
NAME **SCANLAN, C**
STREET ADDRESS **3671 SUNSWEPT DRIVE**
CITY-ST-ZIP **STUDIO CITY CA 91604**

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

TITLE **T** ☐ Delete
NAME **KAZI, ZUBAIR**
STREET ADDRESS **3671 SUNSWIFT DRIVE**
CITY-ST-ZIP **STUDIO CITY CA 91604**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4/23/03 340-714-7310
Date Daytime Phone #

CR2E034 (10/02)