

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078231

1. Entity Name
LAKE FOODS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 28 PM 12:48

Principal Place of Business 2503 HWY 60 E. VALRICO FL 33594	Mailing Address 2503 HWY 60 E. VALRICO FL 33594
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3355735		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CURRY, CLIFTON C JR. 750 W. LUMSDEN ROAD BRANDON FL 33511				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	000003496350-4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAZBOUR, TALAL			NAME	-12/12/00--01017--015		
STREET ADDRESS	2503 HIGHWAY 60 EAST			STREET ADDRESS	****400.00 ****400.00		
CITY-ST-ZIP	VALRICO FL			CITY-ST-ZIP	000003496350-4		
TITLE		<input type="checkbox"/> Delete		TITLE	-12/12/00--01017--016	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	****150.00 ****150.00		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 or other like empowered.

SIGNATURE: [Signature] Date: 9-27-2000 (813) 684-0622 Daytime Phone #

0603938
CR2E034 (9/99)