

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90171 014 ***150.00

DOCUMENT # P95000095670

1. Entity Name
QUINCY PIZZA, INC.

Principal Place of Business

1117 W JEFFERSON ST
QUINCY FL 32353
US

Mailing Address

% MANAGING FOOD. LLC
1326 E.LUMSDEN RD.
BRANDON FL 33511
US

2. Principal Place of Business

3. Mailing Address

1117 W. Jefferson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy FL

Zip

Country

32353

Country

USA

4. FEI Number

59-3357844

Applied For

Not Applicable

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

KAZBOUR, TALAL
2503 HWY 60 E
VALRICO FL 33594

Name

Abbas EL-Zayat

Street Address (P.O. Box Number is Not Acceptable)

1117 W. Jefferson Str.

City

Quincy


FL

Zip Code

32353

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

Abbas EL-Zayat 

4/16/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **PSD** ☒ Delete
NAME **KAZBOUR, TARAK A**
STREET ADDRESS **2430 U.S. 92 EAST**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **Pres** ☒ Change ☐ Addition
NAME **EL-Zayat, Abbas**
STREET ADDRESS **1117 W. Jefferson St**
CITY-ST-ZIP **Quincy FL 32353**

TITLE **D** ☒ Delete
NAME **SAREINI, MIKE**
STREET ADDRESS **2503 HWY 60 E**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** ☒ Delete
NAME **WINERED, KIRK**
STREET ADDRESS **2503 HWY 60 E**
CITY-ST-ZIP **VALRICO FL 33594**

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
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abbas EL-Zayat **4/16/02** **850-627-3000**

Date

Daytime Phone #

CR2E034 (9/01)