

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013343

1. Entity Name
ZAIDAN FOODS, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90039 040 ***150.00

Principal Place of Business
7725 ULMERTON RD
LARGO FL 33771

Mailing Address
7725 ULMERTON RD
LARGO FL 33771

A0041061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4408 W. HILLSBOUROUGH AVE.
Suite, Apt. #, etc.

3. Mailing Address
14803 PATTERSON RD.
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
ODESSA, FL

4. FEI Number 59-3436432

Applied For
Not Applicable

Zip
33614

Country
HILLSBOUROUGH

Zip
33556

Country
HILLSBOUROUGH

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

ZAIDAN, ADAM S
7725 ULMERTON RD
LARGO FL 33771

Name
ZAIDAN ADAM S

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

14803 PATTERSON RD.

City
ODESSA

FL

Zip Code
33556

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 *Adam S Zaidan*

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

(NOTE: Registered Agent signature required when reinstating)

4-1-01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZAIDAN, ADAM S
7725 ULMERTON RD
LARGO FL 33771 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ZAIDAN ADAM S
14803 PATTERSON RD
ODESSA, FL 33556 ☐ Delete

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

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

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: *Adam S Zaidan* ADAM ZAIDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

813 792-8844

Daytime Phone #

CR2E034 (10/00)

0372602