

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90196 008 ***150.00

DOCUMENT #. P97 000033491

1. Entity Name

SUMMERFIELD FOODS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9945 SE HWY 42

3. Mailing Address

35526 WELBY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD, FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

59-3455685

Applied For

Not Applicable

Zip

34491

Country

MARION

Zip

33541

Country

PASCO

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MUSTAPHA CASPER

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

309 CACTUS Rd.

City

SEFFNER

FL

Zip Code

33584

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

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MUSTAPHA CASPER
309 CACTUS Rd.
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
YASSER KAZBOUR
35526 WELBY COURT
ZEPHYRHILLS, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Yasser Kazbour

4/15/03

(813) 713-1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YASSER KAZBOUR

Daytime Phone #

CR2E034B (12/02)