2003 FOR PROFIT CORPORATED LA UNIFORM BUSINESS REPORT (UBIL

DOCUMENT #

P98000012438

1. Entity Name

ALABAMA FOODS, INC.



Principal Place of Business % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON FL 33511

Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON FL 33511



03 FEB 13 PM 4: 05

TALLAHASSEE. FLORIDA



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	CHECK	HERE	ΙF	MAKING	CHANGES

				☐ CHECK HERE IF MAKING CHANGES			
City & State	City & State City & State		-	4. FEI Number 59-3494364	Applied For		
Zip	Country	Zip	Country		Not Applicable		
			Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	i. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent			
Curry, Clif 750 W Lunis Brandon Fl	DEN ROAD		Street Add	dress (P.O. Box Number is Not Acceptable)			
The shave nom	and antitude the state of the s	· · · · · · · · · · · · · · · · · · ·	1 '	<u></u> FL	Zip Code		
GNATURE	ned entity submits this stateme of registered agent.		Oging its registered office or re		familiar with, and accept		
	NOWILL FEE IS \$150.00		(To to Hospitalia Again aspiratore	DATE DATE			

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00
After May 1, 2003 Fee will be \$550 on
The same of the sa
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Bo

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.		d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kazbour, Talal 2503 Highway 60 East Valrico Fl 33594	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	kazbour, Tatul 180=1326 East Lymiden Road Brandon, Fl 33571	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	NAME STREET ADDRESS CITY-SI-ZIP	.4000103952	□ Change 44 **150.0	Addition
NAME STREET ADDRESS CITY-SI-ZIP		Delete	NAME STREET ADDRESS CITY-SI-ZIP		Change	- Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

1-10-03

83-684-0622