

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90053 004 ***150.00

DOCUMENT # 616541

1. Entity Name
I.B.S. FLEA MARKETS, INC.



Principal Place of Business
**5400 S UNIVERSITY DRIVE
STE 302
DAVIE FL 33328
US**

Mailing Address
**5400 S UNIVERSITY DRIVE
STE 302
DAVIE FL 33328
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1907123**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FREEDMAN, STEVEN J
5400 S UNIVERSITY DRIVE
~~STE 302~~ SUITE 302
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **FREEDMAN, STEVEN J.**
Street Address (P.O. Box Number is Not Acceptable)
5400 S. UNIVERSITY DRIVE, SUITE 302
City **DAVIE** FL Zip Code **33328**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	FREEDMAN, STEVEN J.	
STREET ADDRESS	10421 N.W. 10TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEDMAN, MIRIAM	
STREET ADDRESS	7072 EXETER BLVD EAST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREEDMAN, BRUCE	
STREET ADDRESS	100 N.E. 100TH ST #209	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, STEVEN J.	
STREET ADDRESS	5400 S. UNIVERSITY DRIVE, #302	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, MIRIAM	
STREET ADDRESS	5400 S. UNIVERSITY DRIVE, #302	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, BRUCE	
STREET ADDRESS	300 N.W. 82ND AVENUE, #415	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 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
STEVEN J. FREEDMAN, 1/6/03 (954) 252-5652
Date Daytime Phone #

CR2E034 (10/02)