


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90170 038 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000068845**

1. Entity Name
MIKE'S FOOD STORE, INC.



Principal Place of Business
**6824 NORTH 50TH STREET
TAMPA FL 33610**

Mailing Address
**7341 SANDLAKE
SUF E 412
ORLANDO FL 32819**



2. Principal Place of Business
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3669431**

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAAD, SAAD O
10320 COUNCILS WAY
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires whole printing)

FILE NOW WITH FEES
After May 1, 2003, Fee will
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SAAD, SAAD O 10320 COUNCILS WAY TAMPA FL 33617	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SAAD O. SAAD 6215 S. QUEENWAY DR. TAMPA, FL, 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes 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 the authority of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:  **SAAD O. SAAD** 5/1/03 813-628-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR