

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90601 031 ***150.00

DOCUMENT # P97000065723

1. Entity Name
TIGERTAIL CLOTHING, INC.



Principal Place of Business
2040 TIGERTAIL BLVD
#C
DANIA FL 33004

Mailing Address
2040 TIGERTAIL BLVD
#C
DANIA FL 33004

2. Principal Place of Business
4700 SW 51st Street

Suite, Apt. #, etc.
Suite # 209

City & State
Danie, Florida

Zip
33014

Country
Broward

3. Mailing Address
4700 SW 51st Street

Suite, Apt. #, etc.
Suite # 209

City & State
Danie, FL

Zip
33014

Country
Broward



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0775003**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MOSES, AARON~~
~~2040 TIGERTAIL BLVD #C~~
~~DANIA FL 33004~~

7. Name and Address of New Registered Agent

Name **MOSES, AARON**
Street Address (P.O. Box Number is Not Acceptable)
4700 SW 51st Street
Suite #209
City **DANIE** **FL** Zip Code **33014**

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

Aaron Moses, President (NOTE: Registered Agent signature required when reinstating)

01/16/03 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 **PST** ☐ Delete
NAME **MOSES, AARON H**
STREET ADDRESS **2040-C TIGERTAIL BLVD**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **V** ☐ Delete
NAME **BRAUSER, JOEL**
STREET ADDRESS **2040-C TIGERTAIL BLVD**
CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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

01/16/03 (921) 921-7011 Date Daytime Phone #

CR2E034 (10/02)