

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90308 002 \*\*\*150.00

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**DOCUMENT # P99000039334**

1. Entity Name

**MIKE'S BIG & TALL STORES, INC.**



Principal Place of Business

4992 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33321

Mailing Address

4992 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33321

2. Principal Place of Business

4978 N. UNIVERSITY DR  
Suite, Apt. #, etc.

3. Mailing Address

4978 N. UNIVERSITY DR  
Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

LAUDERHILL, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-0914856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, MICHAEL

4992 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33321

7. Name and Address of New Registered Agent

Michael FREEDMAN

4978 N. UNIVERSITY DR  
Street Address (P.O. Box Number is Not Acceptable)

LAUDERHILL

FL

Zip Code 33351

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]* 3/9/03

Michael FREEDMAN

3/4/03

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	D	<input type="checkbox"/> Delete
NAME	FREEDMAN, MICHAEL	
STREET ADDRESS	4992 N UNIVERSITY DR	
CITY-ST-ZIP	LAUDERHILL FL 33321	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4978 N. UNIVERSITY DR.	
CITY-ST-ZIP	LAUDERHILL, FL 33351	
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		
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]* Michael FREEDMAN

3/4/03

954-747-1073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)