

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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3669431**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
Zip Code **FL**

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 requires witness)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	SAAD, SAAD O	10320 COUNCILS WAY	TAMPA FL 33617	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation appearing in Block 10 or Block 11.

SIGNATURE: *

SAAD O. SAAD

SAAD O. SAAD

5/1/03

813-628-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number