FILED Apr 25, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

		<u> </u>		<u> </u>					- A	á		00	4.4	4
DOCUMEN 1. Entity Name FOAM DEPOT, II		P02000	0074	4175							ary (901430			
Principal Place of Busin 1711 W 38TH PL HIALEAH FL 33012	ness .		1711 V	g Address V·38TH PL NH FL 33012										
2. Principal Place of Bi	usiness 8	STREET	3. Mail	ing Address	-	ora e	ادن شعو است س	!		.	Lili deili ddil		14 0 11 1 31	181 CHI 1601
Suite, Apt. #, etc.		/	Suite	e, Apt. #, etc.					D C	HECK HER	E IF MAKIN	√G CHAI	NGES	
Misstate Miller	M.		City	& State					Number 0094	699-	1016	12		olied For Applicable
33126	Cou	ntry	Zip		Cour	ntry		5. Cert	tificate of Stat	us Desired			5 Addi equired	
6. Na	me and A	ddress of Current F	Registere	d Agent		T		7. Nam	ne and Addre	ss of New	Registere	d Agent		
			3			Name								
GUERRA, ALBERTO							ddress (F	O. Box I	Number is No	t Acceptab	ıle)			
2525 SW 107 CT		•		,										
MIAMI FL 33165														
	;													
						City					F	L Zi	p Code	l
The above named of the obligations of reg SIGNATURE Signature, by Signature, by	gistered ag		, .			ed office or				e State of F	Florida. 1 ar		with, a	and accept
	2003 Fee		3						9. Election 0 Trust Fund	Campaign F d Contribut	-			May Be to Fees
10.		OFFICERS AND D		38	11.			ADDIT	IONS/CHAN	GES TO OF	FICERS AN	1D DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS TITLE STREET ADDRESS	STOEN ERTD	QUELPA BBIVE		Delete	TITLI NAM STRE	j						□ c	nange	Addition
CITY-ST-ZIP	E AS	ABOVE			CITY	-ST-ZIP								
TITLE				☐ Delete	TITLE	E (☐ CI	range	Addition
NAME					NAM	E								
STREET ADDRESS					STRE	ET ADDRESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
TITLE NAME	•			Delete	TITLE	1	ייםר ב	~ ' ·				🔲 CI	iange.	- 🗔 - Addition
STREET ADDRESS					STRE	ET ADDRESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
TITLE				☐ Delete	TITLE							C) CI	nange	Addition
NAME					NAM	J						0.	9-	
STREET ADDRESS						ET ADDRESS								
CITY-ST-ZIP						-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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MINISTER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

4/21/03

305-262-2777

Change

☐ Change

Addition

☐ Addition

CR2E034 (10/02