

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90502 023 ***150.00

DOCUMENT # P01000058468

1. Entity Name

ULTRA MATTRESS, INC.



Principal Place of Business

**1382 SE 9TH COURT
HIALEAH FL 33010**

Mailing Address

**1382 SE 9TH COURT
HIALEAH FL 33010**

2. Principal Place of Business

1382 SE 9TH COURT
Suite, Apt. #, etc.

3. Mailing Address

1382 SE 9TH COURT
Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

4. FEI Number

65-111900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VELIZ, ALEXIS
1440 W 3 AVENUE
HIALEAH FL 33010**

Delete

7. Name and Address of New Registered Agent

Name

Alexis Veliz

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

1382 SE 9CT

City

Hialeah

FL

Zip Code

33010

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 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 **P** ☒ Delete
NAME **VELIZ, ALEXIS**
STREET ADDRESS **1440 W 3 AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **1382 SE 9CT** ☒ Change ☐ Addition
NAME **Hialeah FL 33010**
STREET ADDRESS **Veliz, Alexis**
CITY-ST-ZIP

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03 305-885-3054

Date

Daytime Phone #

CR2E034 (10/02)