

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90095 002 \*\*\*150.00

**DOCUMENT # G39251**

1. Entity Name

**SHELLEY'S CUSHIONS MANUFACTURING, INC.**



Principal Place of Business

3671 NW 52 ST  
MIAMI FL 33142

Mailing Address

3640 N.W. 52ND ST.  
MIAMI FL 33142-3244  
US

05030722



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2279853

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOLLERA, RAUL**  
**3671 NW 52ND STREET**  
**MIAMI FL 33142**

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS**  
Street Address (P.O. Box Number is Not Acceptable)  
**941 FOURTH STREET #200**  
City **MIAMI BEACH** FL Zip Code **33139**

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

*Karla Sarria*  
Signature, typed or printed name of registered agent and title if applicable.

*Karla Sarria VP Corporate Creations*  
(NOTE: Registered Agent signature required when reinstating)

*4/22/03*  
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 **PTSD** ☐ Delete  
NAME **MOLLERA, RAUL**  
STREET ADDRESS **3671 NW 52ND STREET**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete  
NAME **MOLLERA, ARACELIA**  
STREET ADDRESS **3671 NW 52ND STREET**  
CITY-ST-ZIP **MIAMI FL 33142**

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

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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:

*Karla Sarria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-1003*

Date

*305-6331780*

Daytime Phone #

CR2E034 (10/02)