2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2003 8:00 am Secretary of State

DOCUMENT # P00000,112789 1. Entity Name FLORIDA FOAM SUPPLY, INC.					04-02-2003 90086 032	***150.00	
Principal Place of Business / Mailing Address 1060 E 30TH ST 1060 E 30TH ST HIALEAH FL HIALEAH FL						H 1 44 0 1410 1411 146	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEINumber 65-11:017.9-11:	Applied For Not Applicable	
Zip	Country	Country Zip Co		у		75 Additional Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
					Name		
VAZQUEZ, MARIELLA 1060 E 30TH ST				Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33013			-	City FL Zip Code			
				red office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	named entity submits this statement re tions of registered agent.	r the purpose of changing to	s registered	office or register	ed agent, or both, in the State of Florida. I am familia	ir with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered /	ont signature required	when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	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 DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, MARIELLA 1060 E 30TH ST HIALEAH FL	💭 Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INCOURT	Deleta	TITLE NAME	ADDRESS		hange Addition	
TIYLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADORESS		hange Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete		ADDRESS		hange Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS		☐ Defete	TITLE NAME STREET	ADDRESS		hange Addition	
CITY-ST-ZIP		Delete	CITY-ST			nange	
name Street address City-St-Zip			NAME	ADORESS -		_	
12. I hereby of indicated of the corr	certify that the information supplied with on this report or supplemental report is portation or the receiver or trustee emporestion or the receiver or trustee	this filing does not qualify fo true and accurate and that i wered to execute this report	or the exemp my signatur t as required	otion stated in Sec e shall have the s i by Chapter 607.	ction 119.07(3)(i), Florida Statutes. I further certify tha ame legal effect as if made under oath; that I am an o Florida Statutes; and that my name appears in Block	t the information officer or director (10 or Block 11 if	

Attachment

<u>580261</u>85 #P00000112789

Employer Identification Number (EIN)

OMB No. 1545-0257

65-1107911 110303 4 2

INTERNAL REVENUE SERVICE CENTER ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.