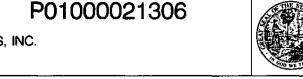
## FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90176 040 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name FUTON SPECIALTIES, INC.



City & State

Zip

Principal Place of Business

10819 SOUTHWEST 188TH STREET

MIAMI FL 33157

Mailing Address

10819 SOUTHWEST 188TH STREET

MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

|--|--|

CHECK HERE IF MAKING CHANGES

Property of 4070000 Applied For

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A. 3
343 ALMERIA AVENUE

CORAL GABLES FL 33134

City & State

Zip

SIGNATURE

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

City

65-1079603

4. FEI Number

5. Certificate of Status Desired

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 a	m familiar with, and accept
	the obligations of registered age	nt			

Country

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** TITLE ☐ Change ☐ Addition TITLE Delete COHEN, DONALD NAMÉ NAME STREET ADDRESS 10819 SOUTHWEST 188TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

Daytime Phone #

CR2E034 (10/02)