

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90072 020 ***150.00

0015596 AT

DOCUMENT # P01000119453

1. Entity Name
POINCIANA MATTRESS & FURNITURE INC.

Principal Place of Business

4545 PLEASANT HILL ROAD
SUITE 104
KISSIMMEE FL 34758

Mailing Address

4545 PLEASANT HILL ROAD
SUITE 104
KISSIMMEE FL 34758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

861 Cypress Parkway
 Suite, Apt. #, etc.

3. Mailing Address

861 Cypress Parkway
 Suite, Apt. #, etc.

City & State

Kissimmee Fl.

City & State

Kissimmee Fl.

4. FEI Number

59-3743545

Applied For

Not Applicable

Zip

34758

Country

Zip

34758

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVA, CARLOS
770 LUCAYA DRIVE
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OLIVA, CARLOS
STREET ADDRESS 4545 PLEASANT HILL ROAD
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE VD ☐ Delete
NAME OLIVA, JOSE
STREET ADDRESS 4545 PLEASANT HILL ROAD
CITY-ST-ZIP KISSIMMEE FL 34758

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos Oliva
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

(407) 847-2919

Daytime Phone #

CR2E034 (9/01)