

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 014 ***150.00

DOCUMENT # P02000002605

1. Entity Name
ADVANCE BACK & SLEEP GALLERIES, INC.



Principal Place of Business
**619 NORTH DELAWARE AVENUE
DELAND FL 32720**

Mailing Address
**619 NORTH DELAWARE AVENUE
DELAND FL 32720**



2. Principal Place of Business

3. Mailing Address

**801 North Congress Ave.
Unit 309**

**801 N. Congress Ave.
Unit 309**

City & State
Boynton Beach, Florida

City & State
Boynton Beach, Florida

Zip
33426

Country
USA

Zip
33426

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3587854

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PTD
NAME
DIAZ, JEAN P
STREET ADDRESS
619 NORTH DELAWARE AVENUE
CITY-ST-ZIP
DELAND FL 32720

☐ Delete

TITLE
Secretary
NAME
DIAZ, JEAN P.
STREET ADDRESS
619 North Delaware Ave
CITY-ST-ZIP
Deland FL 32720

☒ Change

☐ Addition

TITLE
VSD
NAME
DIAZ, RAFAEL A
STREET ADDRESS
619 NORTH DELAWARE AVENUE
CITY-ST-ZIP
DELAND FL 32720

☐ Delete

TITLE
President
NAME
DIAZ, Rafael A
STREET ADDRESS
619 N. Delaware Ave
CITY-ST-ZIP
Deland, FL 32720

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
Vice President
NAME
Josue Medina
STREET ADDRESS
1674 Starling Silver Blvd.
CITY-ST-ZIP
Deltona FL 32725

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE:

JEAN P. DIAZ

3/3/03 (561)436-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)