

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0155405 AV

DOCUMENT # P02000056081

1. Entity Name
U.S.A. GRANDMART FURNITURE & MATTRESS, INC.



05-05-2003 90133 012 ***150.00

Principal Place of Business
15124 N.W. 87TH PLACE
MIAMI FL 33018

Mailing Address
15124 N.W. 87TH PLACE
MIAMI FL 33018

2. Principal Place of Business
19350 S.W. 106 AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4484
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City, State
Miami FL
Zip
33157
Country
DADE

City, State
Miami FL
Zip
33014
Country
DADE

4. FEI Number
04-3666774
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALCINES, JACQUELINE A ESQ.
3037 S.W. 21ST ST.
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LAZARO S	
STREET ADDRESS	15124 N.W. 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LAZARO B	
STREET ADDRESS	15124 N.W. 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ LAZARO B	
STREET ADDRESS	2899 COLLINS AVE #637	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0430-03 786-573-0012
Date Daytime Phone #

CR2E034 (10/02)