

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90129 022 ***158.75

DOCUMENT # P02000057567

1. Entity Name
MATTRESS FOR LESS, INC.



Principal Place of Business
**4520 W COLONIAL DR
ORLANDO FL 32808**

Mailing Address
**4520 W COLONIAL DR
ORLANDO FL 32808**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-12-191256-30-3**
75-3063108

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAKIM, NABIL
4520 W COLONIAL DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **HAKIM, NOUR**

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

4520 W Colonial Drive

City **Orlando**

FL

Zip Code **32808**

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]**

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

(NOTE: Registered Agent signature required when reinstating)

03/05/2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAKIM, RADWAN 4520 W COLONIAL DR ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HAKIM, NABIL 4520 W COLONIAL DR ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAKIM, NOUR 4520 W COLONIAL DR. Orlando, FL, 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

[Signature]

03/05/03 (407) 295-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

100 32829

P02000057567

Name: NOUR FADEL HAKIM
Office: President
Address: 4520 W. COLONIAL DR.
ORLANDO, Florida 32808
USA

Name: NABIL HAKIM
Office: Vice-President
Address: 4520 W. COLONIAL DR.
ORLANDO, Florida 32808

Name: NOUR FADEL HAKIM
Office: Secretary
Address: 4520 W. COLONIAL DR.
ORLANDO, Florida 32808
USA

Name: NOUR FADEL HAKIM
Office: Treasurer
Address: 4520 W. COLONIAL DR.
ORLANDO, Florida 32808
USA

Name: NOUR FADEL HAKIM
Office: Secretary-Treasurer
Address: 4520 W. COLONIAL DR.
ORLANDO, Florida 32808

4. APPROVAL OF CORPORATE ACTION. The actions and undertakings of the directors, officers, employees, and agents of the corporation were approved with respect to:

- All actions subsequent to the last meeting of the Board of Directors and Shareholders.
- Transactions between the corporation and its shareholders and/or officers.