

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009336.

1. Entity Name

ABRAHAM'S MATTRESSES INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90313 043 ***158.75

Principal Place of Business

4428 SW 64 COURT
MIAMI FL 33155

Mailing Address

4428 SW 64 COURT
MIAMI FL 33155

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

65-0293594

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIDALGO, JUAN R
4428 SW 64 CT
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

LAM, MICHEL

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

4428 SW 64 COURT

City

MIAMI

FL

Zip Code

33155

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

Michel LAM

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

(NOTE: Registered Agent signature required when reinstating)

02-21-02

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
NAME HIDALGO, JUAN R
STREET ADDRESS 4428 SW 64 COURT
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE VD
NAME DOMINGUEZ, BELKIS V
STREET ADDRESS 4428 SW 64 COURT
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE SD
NAME LAM, MICHEL
STREET ADDRESS 4428 SW 64 COURT
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michel LAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/02 (305) 725 8888

CR2E034 (9/01)