

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90285 009 ***150.00

DOCUMENT # P96000085424

1. Entity Name
WATERBED GALLERY, INC.

Principal Place of Business
384 NORTH CONGRESS AVENUE
BOYNTON BEACH FL 33426

Mailing Address
336 NORTH CONGRESS AVE
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address
336 CONGRESS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOYNTON BEACH, FL.

4. FEI Number 65-0706582

Applied For
 Not Applicable

Zip

Country

Zip

Country

33426

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

KATTOURA, BADIE
921 S.E. 4TH STREET
BOYNTON BEACH FL 33435

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KATTOURA, BADIE**
STREET ADDRESS **921 S.E. 4TH STREET**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Badie Kattoura*

4/15/02 (561) 737-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BADIE KATTOURA PRESIDENT

Date Daytime Phone #

CR2E034 (9/01)