

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053810

1. Entity Name **MATTRESS & TABLES, CORP**

FILED

00 AUG -7 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **801 NW 47 Ave #402 MIAMI FL 33126**
Mailing Address **801 NW 47 Ave #402 MIAMI, FL 33126**

2. Principal Place of Business **4559 NW 7th St.**
Suite, Apt. #, etc. **51**
3. Mailing Address **4315 NW 7th St.**
Suite, Apt. #, etc. **51**

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL**
Zip **33126** Country **USA** Zip **33126** Country **USA**
4. FEI Number **65-0844148** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOLIXIA RIOS
801 NW 47 Ave #402
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name **YOLIXIA RIOS**
Street Address (P.O. Box Number is Not Acceptable) **4559 NW 7th St.**
City **MIAMI** FL **33126**

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 **Yolixia Rios** REGISTERED AGENT **04/19/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD. NAME YOLIXIA RIOS STREET ADDRESS 801 NW 47 Ave #402 CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Delete	TITLE PD. NAME YOLIXIA RIOS STREET ADDRESS 4559 NW 7th St. CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Yolixia Rios** V. PRESIDENT **04/19/00 (305) 442-1004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)