

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071488

1. Entity Name

MATTRESS PLUS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90080 027 \*\*\*150.00

Principal Place of Business

Mailing Address

9313 NORTH WEST 23RD STREET  
 PEMBROKE PINES FL 33024

9313 NORTH WEST 23RD STREET  
 PEMBROKE PINES FL 33024-3117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Zip  
 33024

Country  
 USA

Zip

Country

4. FEI Number

650943429

Applied For

Not-Applicable

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

SOROT, ALAN M  
 290 NORTH WEST 165TH STREET  
 PENTHOUSE 4, CITICENTRE  
 MIAMI FL 33169

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

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

(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, 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 D ☒ Delete  
 NAME SOROTA, ALAN M  
 STREET ADDRESS 290 N.W. 165TH ST PENTHOUSE 4 CITICENTRE  
 CITY-ST-ZIP MIAMI FL 33169

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

TITLE D ☐ Delete  
 NAME RISTON, CYNTHIA J  
 STREET ADDRESS 9313 NORTH WEST 23RD STREET  
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition  
 NAME PRESIDENT  
 STREET ADDRESS RISTON, CYNTHIA J  
 CITY-ST-ZIP 9313 NW 23 STREET  
 PEMBROKE PINES, FL. 33024

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia J. Riston President 5/1/00 954-965-5543

CR2E034 (9/99)