

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523149

1. Entity Name

FLORIDA BEDDING CORPORATION

Principal Place of Business

7451 NW 74 AVE  
MEDLEY FL 33166  
US

Mailing Address

7451 NW 74 AVE  
MEDLEY FL 33166-2420  
US

2. Principal Place of Business

7451 NW 74 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

7451 NW 74 AVENUE

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

City & State

MEDLEY, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-1714221

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUPU, MARIA J.  
12905 NW 2 ST  
MIAMI FL 33182

7. Name and Address of New Registered Agent

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 the 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

TITLE VTD  
NAME GARCIA, ARNALDO  
STREET ADDRESS 7451 NW 74 AVE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PSD  
NAME PUPU, MARIA J.  
STREET ADDRESS 12905 NW 2ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90207 015 \*\*\*150.00

703686



DO NOT WRITE IN THIS SPACE

1-10-99 (305) 880-0344