

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91113 038 \*\*\*150.00

DOCUMENT # **F97000002037** ✓  
1. Entity Name **Global Mattress + Furniture Company**

**DO NOT WRITE IN THIS SPACE**

**664011**

2. Principal Place of Business <b>1701 Green Road</b> Suite, Apt. #, etc. <b>Suite G4H</b> City & State <b>Pompano Beach, FL</b> Zip <b>33064</b> Country <b>Broward</b>		3. Mailing Address <b>1701 Green Road</b> Suite, Apt. #, etc. <b>Suite G4H</b> City & State <b>Pompano Beach, FL</b> Zip <b>33064</b> Country <b>Broward</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>25-1791832</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>ANTHONY R GARCIA</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>19323 King Palm Ct</b>	
City <b>BOCA RATON</b>	FL <b>33498</b>

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>President</b>	NAME <b>Anthony R. Garcia</b>	TITLE	
STREET ADDRESS <b>19323 King Palm Court</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Boca Raton, FL 33498</b>		CITY-ST-ZIP	
TITLE <b>Vice President</b>	NAME <b>Robert W. Johnson</b>	TITLE	
STREET ADDRESS <b>5326 NW 66 Avenue</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Coral Springs, FL 33067</b>		CITY-ST-ZIP	
TITLE <b>Treasure</b>	NAME <b>Joe Galang</b>	TITLE	
STREET ADDRESS <b>3701 Turtle Run Blvd #1616</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Coral Springs, FL 33067</b>		CITY-ST-ZIP	
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
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CITY-ST-ZIP		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 on an attachment with an address, with or without like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02 (954)**  
Date Daytime Phone #

CR2E034B (12/01)