

DOCUMENT # **G67039**

1. Entity Name

INTERNATIONAL BEDDING CORPORATION OF ORLANDO

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INTERNATIONAL BEDDING CORPORATION OF ORLANDO

Principal Place of Business	Mailing Address
730 W MCNAB ROAD FT LAUDERDALE FL 33309	730 W MCNAB ROAD FT LAUDERDALE FL 33309-2150

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number	65-0229979	Applied For
		Not Applicable

Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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Fee Required

BERK, ARTHUR J.
848 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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 _____

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

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After MAY 1, 2000 Fee will be \$550.00
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\$5.00 May Be
Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	DP	<input type="checkbox"/> Delete
NAME	ELLMAN, LEON J.	
STREET ADDRESS	730 W. MCNAB ROAD	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BRADY, GERALD J.	
STREET ADDRESS	730 W MCNAB ROAD	
CITY - ST - ZIP	FT. LAUDERDALE FL	

TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KEVIN SIROP		
STREET ADDRESS	730 WEST McNAB ROAD		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		

TITLE	VS	<input type="checkbox"/> Delete
NAME	BERK, ARTHUR J.	
STREET ADDRESS	730 W MCNAB ROAD	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, NEIL	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	AS	<input type="checkbox"/> Delete
NAME	GALLO, ROBIN	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	ELLMAN, LANCE	
STREET ADDRESS	730 W MCNAB ROAD	
CITY-ST-ZIP	ET LAUDERDALE FL 33309	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

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SIGNATURE: NEIL ELLMAN February 8, 2000 (954) 977-3094

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

February 8, 2000

(954) 977-3094

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Daytime Phone # _____

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