2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97732

1. Entity Name

DIXIE BEDDING CORPORATION'

				WE THE						
Principal Place of Business 1800 NW 37TH AVE BTE 900 MIAMI FL 33142		Mailing Address 4800 NW 37TH AVE STE 900 MIAM! FL 33142 / US				90023481				
2. Principal Place of Business		3. Mailing Address				1 (8818811 118 18111 1881) 1881	5 1721 B1511 B1411		•••	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			FEI Number 65-0071832			Applicable	
Zip	Country	ntry Zip Cou		try				ee Required		
	6. Name and Address of Current	Registered Agent			7N	ame and Address of New H	egistered A	ent		
WEISENFEI	D, JOSEPH J		Name Street Address		s (P.O. Bo	s (P.O. Box Number is Not Acceptable)				
STE 1120 / CORAL WAY FL 33134 ⁷			City				FL	Zip Code	:	
				l '				10		
the obligati	named entity submits this statement ons of registered agent.	or the purpose of chang	ging its register	ed office or regis	stered age	ent, or both, in the State of Pi		irimai witi, c		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	ed Agent signature requ	uired when re	instating)	DATE			
	Signature, typed or printed harrie or regional age									
, FI	LE NOW!!! FEE IS \$150.00					g. Election Campaign Fi	nancing		May Be	
After	May 1, 2003 Fee will be \$550.00) .			,	Trust Fund Contribution	on.	Added	to Fees	
Make Check	Payable to Florida Department	of State						DIGCOTODO	N INC 4.4	
10.	OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OF	FICERS AND			
TITLE	PD	Dele'	te TITL	.E				☐ Change	☐ Addition	
NAME	KAMIS, DANIEĽ		NAN	AE .					1	
STREET ADDRESS	4800 NW 37TH AVENUE		STR	EET ADDRESS					}	
CITY-ST-ZIP	MIAMI FL		CIT	Y-ST-ZIP						
 	SD /	□ Dete	te TITI	LE				Change	☐ Addition	
TITLE	KAMIS, LILLIAN		NAI	ME						
NAME .	4800 NW 37TH AVENUE	•	STF	REET ADDRESS					ĺ	
	MIAMI FL -	~~~	CIT	Y-ST-ZIP						
UH1-31-ZIF	INITIAL I L	☐ Dele	ate TIT	IE I			-	Change	☐ Addition	
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NAME				REET ADDRESS						
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CITY-ST-ZIP			ete TIT			<u></u>		☐ Change	☐ Addition	
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NAME				REET ADDRESS					\	
STREET ADDRESS			•	Y-ST-ZIP						
CITY-ST-ZIP				 -			_	Change	Addition	
TITLE		☐ Dele							_	
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CITY-ST-ZIP								☐ Change	Addition	
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NAME			•	ME						
STREET ADDRESS	1			REET ADDRESS						
01704 OT 71D	1 4		CI	TY-ST-ZIP						

FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90064 020 ***150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1/30/03

Daytime Phone #

CR2E034 (10/