

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90034 042 ***158.75

A0072258

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000003480

1. Entity Name

SUPERIOR MATTRESS, INC.

Principal Place of Business

Mailing Address

3671 NW 81st. Street
 Miami, FL. 33147

3671 NW 81st. Street
 Miami, FL. 33147

2. Principal Place of Business

3671 NW 81st. Street

3. Mailing Address

3671 NW 81st. Street

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number
 65-0972632

Applied For
 Not Applicable

Zip
 33147

Country
 Miami-Dade

Zip
 33147

Country
 Miami-Dade

5. Certificate of Status Desired ☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Mark Greenberg
 2521 N.W. 95th. Terrace
 Coral Springs, FL. 33065

7. Name and Address of New Registered Agent

Name
 Harry Rambarran
 Street Address (P.O. Box Number is Not Acceptable)
 1570 SW 155th. Avenue
 City
 WESTON FL Zip Code
 33326

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 Harry Rambarran HARRY RAMBARRAN 4/20/01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D.S. ODITT, VICKRAM 7470 W Commercial Blvd Lauderhill, FL. 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T. ODITT, DAWN 7470 W Commercial Blvd Lauderhill, FL. 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.S.T.D. GREENBERG, MIRIAM 2524 NW 95th. Terrace Coral Springs, FL. 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P. ODITT, VICKRAM 1570 S.W. 155th AVENUE WESTON, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. S. T. RAMBARRAN, HARRY 1570 SW 155th. Avenue Weston, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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: Harry Rambarran HARRY RAMBARRAN 4/20/01
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)