Apr.29. 2003 10:27AM SIEGELAUB, LIEBERMAN AND ASSOC.

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90225 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024212

1. Entity Name
BUDGET BEDS, INC.

DO NOT WRITE IN THIS SPACE

11034653

2. Principal Place of Business
2460 SW 56th Ave
Suite, Apt. #, etc.
City & State
Hollywood, FLORIDA
Zip 33023 Country

3. Mailing Address
2460 SW 56th Ave.
Suite, Apt. #, etc.
City & State
HOLLYWOOD, FLORIDA
Zip 33023 Country

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4. FEI Number 651089566 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name TAMMY ANN GALIANO
Street Address (P.O. Box Number is Not Acceptable)
2460 SW 56th Avenue
City Hollywood FL Zip Code 33023

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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 Tammy Ann Galiano 04/28/03
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Tammy Ann Galiano
STREET ADDRESS	2460 SW 56th Avenue
CITY-ST-ZIP	Hollywood, FLORIDA 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	

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CR2E034B (12/01)

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 a 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 all other like empowered.

SIGNATURE: Tammy Ann Galiano 04/28/03 954 709 1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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