

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90161 043 ***150.00

DOCUMENT # P02000130413

1. Entity Name
BEDS INTERNATIONAL, INC.



Principal Place of Business
**4017 N. CYPRESS DR., STE. 204
POMPANO BEACH FL 33069**

Mailing Address
**4017 N. CYPRESS DR., STE. 204
POMPANO BEACH FL 33069**



2. Principal Place of Business
2342 NW 34th Rd
Suite, Apt. #, etc.

3. Mailing Address
2342 NW 34th Rd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Coconut Creek FL
Zip **FL** Country **33066 Brow. FL 33066 Broward.**

City & State
Coconut Creek FL
Zip **FL** Country **33066 Broward.**

4. FEI Number
S7-1143310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHACON-MACEO, SPENCER
4017 N. CYPRESS DR., STE. 204
POMPANO BEACH FL 33069

Name **SPENCER CHACON-MACEO**
Street Address (P.O. Box Number is Not Acceptable) **2342 NW 34th Rd.**
City **Coconut Creek FL** Zip Code **33066**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/12/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHACON-MACEO, SPENCER 4017 N. CYPRESS DR., STE. 204 POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHACON-MACEO, DIANA 4017 N. CYPRESS DR., STE. 204 POMPANO BEACH FL 33069
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2342 NW 34th Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coconut Creek FL 33066 SPENCER CHACON-MACEO P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2342 NW 34th Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coconut Creek FL 33066 DIANA CHACON-MACEO T
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

DATE **2/12/03** DAYTIME PHONE # **(954) 984-4728**

CR2E034 (10/02)