

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032783

1. Entity Name

BED MART INC.

Principal Place of Business

1650 WEST OAKLAND PK BLVD
FORT LAUDERDALE FL 33317
US

Mailing Address

7441 N.W. 9TH ST
PLANTATION FL 33317
US

2. Principal Place of Business

Same as above

3. Mailing Address

7441 N.W. 9TH ST.

Suite, Apt. #, etc.

1048

Suite, Apt. #, etc.

City & State

FL. Lauderdale FLA.

City & State

Plantation FLA.

Zip

33311

Country

U.S.A.

Zip

33317

Country

U.S.A.

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name Saul B. Lipson & Co.
Street Address (P.O. Box Number is Not Acceptable)
1515 University Dr. Suite 222
Coral Springs
City Coral Springs FL Zip Code 33071

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

Aaron M. Wood

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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 WOOD, AARON 7441 NW 9TH STREET PLANTATION FL	<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		<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		<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
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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 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.

SIGNATURE:

Aaron M. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/01

Daytime Phone #

954 791-3229

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90157 007 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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