04/30/2002 16:14 8139687072 ROMAN AND ASS

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90357 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040402

1. Entity Name

NEW LIFE BEDDING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7114 N 30th Street	7114 N 30th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL 33610	City & State: Tampa, FL 33610
Zip: 33610 Country: Hillsborough	Zip: 33610 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3322741 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Samuel Tavarez

Street Address (P.O. Box Number is Not Acceptable): 7114 N 30th ST.

City: Tampa FL Zip Code 33610

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 ______ (NOTE: Registered agent signature required when reinstating) DATE

9. This corporation is eligible ... (See reverse side back)

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

11. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Samuel Tavarez
STREET ADDRESS	7114 N 30th Street
CITY-ST-ZIP	Tampa, FL 33610
TITLE	VP
NAME	Marissa Contes
STREET ADDRESS	7114 N 30th St.
CITY-ST-ZIP	Tampa, FL 33610
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	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel Tavarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #