2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P95000072754 Mar 24, 2000 8:00 am **Secretary of State** LOYAL BEDDING, INC. 03-24-2000 90072 025 ***150.00 Mailing Address Principal Place of Business 4221 SOUTH WEST 75TH AVENUE 4221 SOUTH WEST 75TH AVENUE MIAMI FL 33155 MIAMI FL 33155-4475 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0643250 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEAL, JORGE Street Address (P.O. Box Number is Not Acceptable) 4475 SOUTH WEST 75TH AVENUE **MIAMI FL 33155** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State - -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE De'ete TITLE LEAL, NORBERTO NAME NAME STREET ADDRESS 4221 SOUTH WEST 75TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition De'ete TITLE TITI F LEAL, LEANDRO NAME NAME STREET ADDRESS STREET ADDRESS 4221 SOUTH WEST 75TH AVENUE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Change ☐ Addition ☐ De'ete TITLE LEAL, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 4221 SOUTH WEST 75TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change ☐ Addition ☐ De!ete TITLE TITLE NAME LEAL, JORGE NAME 4221 SOUTH WEST 75TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** TITLE Change ☐ Addition ☐ Delete TITLE NAME LEAL, JOSE NAME STREET ADDRESS 4221 SOUTH WEST 75TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the 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 of traces 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.

GOFFICER OR DIRECTOR

Date

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