FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 29 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072049

1. Entity Name
Premium Bedding Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4618 NW 74 Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33166 Country: USA	Zip Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3590889 ☐ 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: RUTH CARRASQUILLA
Street Address (P.O. Box Number is Not Acceptable): 6922 NW 46 ST
City: MIAMI FL Zip Code: 33166

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 x Ruth Carrasquilla F.
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	Carrasquilla Ruth	NAME	
STREET ADDRESS	6922 N.W. 46th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	CITY-ST-ZIP	700005729327--1
TITLE	VD	TITLE	-06/10/02--01082--007
NAME	Morales Pedro	NAME	****150.00 ****150.00
STREET ADDRESS	6922 N.W. 46th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: x Ruth Carrasquilla F. 5/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **PREMIUM BEDDING, CORP.**

Thank you for your courtesy in this matter.

Ruth Carrasquilla F.

RUTH CARRASQUILLA
PRESIDENT