

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90171 004 ***150.00

DOCUMENT # V45153

1. Entity Name
INTERNATIONAL BEDDING CORPORATION



Principal Place of Business
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

Mailing Address
730 WEST MCNAB ROAD
FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0346658**

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

BERK, ARTHUR J.
848 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 PDAS ☐ Delete
NAME ELLMAN, J LEON
STREET ADDRESS 730 W. MCNAB ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE CEO, D ☒ Change ☐ Addition
NAME ELLMAN, J. LEON
STREET ADDRESS 730 W. MCNAB ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE V ☐ Delete
NAME ELLMAN, NEIL
STREET ADDRESS 730 W MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE P ☒ Change ☐ Addition
NAME ELLMAN, NEIL
STREET ADDRESS 730 W MCNAB ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE VS ☐ Delete
NAME BERK, ARTHUR J
STREET ADDRESS 730 W. MCNAB ROAD
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TVAS ☐ Delete
NAME SIROP, KEVIN
STREET ADDRESS 730 WEST MCNAB ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ELLMAN, LANCE
STREET ADDRESS 730 W MCNAB ROAD
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

954-968-2333

Date

Daytime Phone #

CR2E034 (10/02)