

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90045 008 ***150.00

DOCUMENT # 379389

1. Entity Name
HYGENATOR PILLOW SERVICE, INC.

Principal Place of Business
1733 NW 21ST TERRACE
MIAMI FL 33142-7437

Mailing Address
1733 NW 21ST TERRACE
MIAMI FL 33142-7437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1347459**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ERICKSON, ALAN, W
1733 NW 21ST TERRACE
MIAMI FL 33142-7437

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRD	ERICKSON, TOMIKO	1733 N.W. 21ST TERR	MIAMI FL 33142-7437	PRD			
VP	SOONG, YUNA	13500 SW 96 STREET	MIAMI FL 33186		SOONG, Yung		
				ST	Alan Erickson	1733 NW 21 Terrace	Miami, FL 33142-7437

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 Tomiko Erickson **TOMIKO ERICKSON** 1/5/01 305-325-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE