

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90026 010 \*\*\*\*50.00

**DOCUMENT # L00000004901**

1. Entity Name

**MIRALUX SLEEP PRODUCTS (WEST), LLC**

Principal Place of Business

**730 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309**

Mailing Address

**730 WEST MCNAB ROAD  
 FORT 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

4. FEI Number

**65-1004489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIROP, KEVIN M  
 730 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 ELLMAN, J. LEON  
 730 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 ELLMAN, NEIL  
 730 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 ELLMAN, LANCE  
 730 WEST MCNAB ROAD  
 FORT LAUDERDALE FL 33309** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 ELLMAN, LANCE  
 730 WEST MCNAB ROAD  
 FT LAUDERDALE FL 33309** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 MILLER, PHILLIP  
 7101 E. TELEGRAPH ROAD  
 MONTEBELLO CA 90640** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**MGR  
 MILLER, LAWRENCE  
 7101 E. TELEGRAPH ROAD  
 MONTEBELLO CA 90640** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/18/02 (454) 468-2333**

CR2E083 (9/01)