

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M41196

Entity Name

D'ANGEL BEDDING CORP.

**FILED**  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90152 043 \*\*\*150.00

610308



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2450 W. 78 AVE. HIALEAH FL 33016		2450 W. 78 AVE. HIALEAH FL 33016-2762 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
59-2739695		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	
DE ANTONIO, ANGEL JR <del>3300 W 14 AVE</del> <del>HIALEAH FL 33012</del>		Name Street Address (P.O. Box Number is Not Acceptable) 2450 W. 78 St. City Hialeah FL Zip Code 33016	

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 \_\_\_\_\_

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, 2000 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	PSTD DE ANTONIO, ANGEL JR. <del>3300 W 14 AVE</del> <del>HIALEAH FL 33012</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2450 W. 78 St. Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEANTONIO, MARIA V. <del>3300 W 14TH AVE</del> <del>HIALEAH FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2450 W. 78 St. Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, NARDO F 2450 W 78 ST HALIAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000

Date

(305) 827.7300

Daytime Phone #

CR2E034 (9/99)