

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91345 031 ***158.75

DOCUMENT # P00000071754 ✓
1. Entity Name Exotic Sleep Designs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2236 NW 52nd Ave
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 9792
Suite, Apt. #, etc.

009220

DO NOT WRITE IN THIS SPACE

City & State Lauderhill, FL
Zip 33313 Country Broward

City & State Fort Lauderdale, FL
Zip 33310 Country Broward

4. FEI Number 65-1025453
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 Ricea Hooks-Holland
Street Address (P.O. Box Number is Not Acceptable) 2236 NW 52nd Ave
City Lauderhill FL Zip Code 33313

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)
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Ricea Hooks-Holland</u> <u>2236 NW 52nd Ave</u> <u>Lauderhill, FL 33313</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ronald Holland, Jr</u> <u>2236 NW 52nd Ave</u> <u>Lauderhill, FL 33313</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Ricea Hooks-Holland 5/15/02 954/815-0307 02533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)