2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State
07-24-2001 90027 012 ***550.00

DOCUMENT # P00000100986

1. Entity Name
SLEEPSAFE ALARMS, INC.

Principal Place of Business
580 N.W. 87 Way
Coral Springs, FL 33071

Mailing Address

D0059439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
5843 MARGATE BLVD.
Suite, Apt. #, etc.
City & State: MARGATE FL
Zip: 33063 | Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW. 16 ST.
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name: STEPHEN B. ROSENTHAL
Street Address (P.O. Box Number is Not Acceptable): 8142 N. University Dr.
City: TAMARAC FL Zip Code: 33321

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: SBR 7/20/01
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, 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	D FRANK MORALES 580 NW 87 WAY CORAL SPRINGS, FL 33071	☒ Delete	D, P, T FRANK MORALES, JR. 580 NW87 WAY CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY RODRIGUEZ 580 NW 87 WAY CORAL SPRINGS, FL 33071	☒ Delete	D, V, S. FRANK J. TROPEPE 5843 MARGATE BLVD MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: FRANK J. TROPEPE 7/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #