

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90010 029 ***150.00

DOCUMENT # P00000100986

1. Entity Name
SLEEP SAFE ALARMS, INC.

Principal Place of Business

580 N.W. 87TH WAY
CORAL SPRINGS FL 33071

Mailing Address

5843 MARGATE BLVD.
MARGATE FL 33063

2. Principal Place of Business

5843 MARGATE BLVD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

SAME

Zip

Country

33063

USA

Zip

Country

33063

USA

4. FEI Number

APPLIED FOR 65-1137188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, STEPHEN B.
8142 N UNIVERSITY DRIVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

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

FRANK J. TROPEPE V.P.

(NOTE: Registered Agent signature required when reinstating)

2/9/02
 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, 2002 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

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **MORALES, FRANK**
CITY-ST-ZIP **580 N.W. 87TH WAY**
CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **TROPEPE, FRANK J**
CITY-ST-ZIP **5843 MARGATE BLVD.**
MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/02
 Date

954-972-1711
 Daytime Phone #

CR2E034 (9/01)