

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90437 038 ***150.00

DOCUMENT # P01000023262

1. Entity Name
SLEEP-A-RAMA CORPORATION

Principal Place of Business
3935 NW 19TH ST
LAUDERDALE LAKES FL 33311

Mailing Address
3935 NW 19TH ST
LAUDERDALE LAKES FL 33311

2. Principal Place of Business
5100 N. UNIVERSITY DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LAUDERHILL, FLA

City & State

4. FEI Number
65-1077620

Applied For
Not Applicable

Zip
33351

Country
USA

Zip
Country

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

ABANDOND, JAY
3935 NW 19TH ST
LAUDERDALE LAKES FL 33311

LEGAL INFORMATION SERVICES, INC
1290 WESTON ROAD - SUITE 300
WESTON FL 33326

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]* **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MAGGI, EDWARD SR**
STREET ADDRESS **3935 NW 19TH ST**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

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

TITLE **STD** ☐ **Delete**
NAME **ABANDOND, JAY**
STREET ADDRESS **3935 NW 19TH ST**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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: *[Signature]* **JAY ABANDOND STD 1/8/02 (954) 717-4672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)