

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010181

1. Entity Name

FALLS MATTRESS CORP.

Principal Place of Business

3050 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

3050 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-5125

2. Principal Place of Business

4101 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

14665 Midway Rd.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Addison, TX

Zip

33176

Country

USA

Zip

75001

Country

USA

6. Name and Address of Current Registered Agent

NILSEN, RICHARD
3050 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

4. FEI Number

65-0384388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE **P** ☐ Delete
NAME **LANG, PHIL**
STREET ADDRESS **14665 MIDWAY RD, STE #100**
CITY-ST-ZIP **ADDISON TX 75244**

TITLE **ST** ☒ Delete
NAME **ANDERSON, CHARLES**
STREET ADDRESS **14665 MIDWAY RD, STE #100**
CITY-ST-ZIP **ADDISON TX 75244**

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 **McColpin, Patrick J**
STREET ADDRESS **14665 Midway Rd, Ste 100**
CITY-ST-ZIP **Addison, TX 75001**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

912-392-2202

Daytime Phone #

CR2E034 (9/99)