

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90101 015 ***150.00

DOCUMENT # P93000057038

1. Entity Name

SLEEPTech ASSOCIATES, INC.

Principal Place of Business

**4149 SW 47TH AVE
 4D
 DAVIE FL 33314
 US**

Mailing Address

**4149 SW 47TH AVE
 4D
 DAVIE FL 33314
 US**

2. Principal Place of Business

3661 NW 124th AVE.

Suite, Apt. #, etc.

TE4D

3. Mailing Address

3661 NW 124th AVE.

Suite, Apt. #, etc.

TE4D

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065-2445

Country

U.S.A.

Zip

33065-2445

Country

U.S.A.

4. FEI Number

65-0437177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VASALLO, CLEMENTE A

4149 SW 47TH AVE 4D

DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

CLEMENTE A. VASALLO

Street Address (P.O. Box Number is Not Acceptable)

3661 NW 124th AVE.

TE4D

City

CORAL SPRINGS

FL

Zip Code

33065-2445

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

C. Vasallo

C. VASALLO, PRESIDENT

2-21-02

(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, 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 **PD** ☐ Delete
 NAME **VASALLO, CLEMENTE A**
 STREET ADDRESS **4149 SW 47TH AVE 4D**
 CITY-ST-ZIP **DAVIE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSDO** ☒ Change ☐ Addition
 NAME **VASALLO, CLEMENTE A.**
 STREET ADDRESS **3661 NW 124th AVE. # TE4D**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065-2445**

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

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

TITLE ☐ Change ☐ Addition
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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: *C. Vasallo*

EXPIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. VASALLO, PRES.

FEB 21 2002

Date

954-583-9897

Daytime Phone #

CR2E034 (9/01)