

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056161

1. Entity Name

ROYAL SLEEP PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3520 NW 46th ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number

59-2698883

Applied For
Not Applicable

Zip
33142

Country
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

SABRINA ROBINSON C/O ADORNO & ZEDER, PA

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

2601 S, BATSHORE DR

STE 1600

City

MIAMI

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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 changing:

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT"
GARY ROBINSON
3520 NW 46th ST
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

100885754461-8
06/11/02-01109-014
****150.00 ****150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



Royal Sleep Products Inc.
Manufacturers of Dade Bedding

May 21, 2002

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

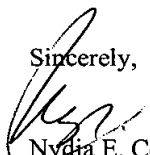
Re: 2002 Annual Report

To Whom It May Concern:

As of today, we have not received the 2002 Annual Report form for Royal Sleep Products, Inc. FEI # 59-2698883; after speaking with one of your representatives we realized it was mailed to our old address, despite the fact that we did file a change of address with the state. Therefore, I am enclosing the check for \$150.00 along with the 2002 Annual Report form we downloaded from the Internet and we are respectfully requesting that you waive the late fee.

Thank you in advance for your assistance in this matter, should you have any questions please call me at 305-635-2337.

Sincerely,



Nydia E. Collado
Comptroller

Encl.