

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110226

1. Entity Name

SLEEP SENSE INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90025 023 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

3131 CLINT MOORE ROAD

3131 CLINT MOORE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

205

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33496

FL 33496

4. FEI Number

65-0970417

Applied For

Not Applicable

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

MANELLA, ROSS H P.A.
2500 HOLLYWOOD BLVD. #212
HOLLYWOOD FL 33020

Name HERMAN SPILFOGEL, C.P.A.

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

173 NW 13th ST.
SUITE 208

City

BOCA RATON

FL

Zip Code

33432

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

Herman Spilfogel

HERMAN SPILFOGEL

3-31-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD
NAME DE MARCO, MICHAEL
STREET ADDRESS 3131 CLINT MOORE RD. NO. 205
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael DeMarco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-2000

Date

Daytime Phone #

CR2F034 (9/99)