AMENDED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AMENDED
01 JUL 16 AM 11:25

2001 UNIFORM BUSINESS REPORT (UBR)

900004494109--5
-07/24/01--01089--017
*****61.75 *****61.25

DOCUMENT # K 79410

1. Entity Name
HAPPY HORSE EQUINE SERVICES INC.

Principal Place of Business
7370 N.W. 36 STREET
SUITE 319-G
MIAMI, FL. 33166

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number
65-0111289
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DELAMAZA, RENEE
HAPPY HORSE EQUINE SERVICES INC.
7370 N.W. 36 ST. Ste. 319-G
MIAMI, FL 33166

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

FILE MONTH FEE OF THREE
After MAY 1, 2001 Fee will be $306.25
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
PD DELAMAZA, RENEE 7370 N.W. 36 ST. #319-G		PD MARIA E. ACOSTA 7370 N.W. 36 ST. # 319-G MIAMI, FL. 33166	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete	S RENEE DELAMAZA 7370 N.W. 36 ST. # 319-G MIAMI, FL 33166	☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition SP

CR2E034 (11/00)

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: _____ 7-12-01
(TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF INDIVIDUAL) (DATE)