2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000000229

FILED
02 OCT 22 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
HAPPY VIEW, LLC

Principal Place of Business	Mailing Address
C/O DAVID GONZALEZ 6472 JOHNSON STREET HOLLYWOOD FL 33024	C/O DAVID GONZALEZ 6472 JOHNSON STREET HOLLYWOOD FL 33024

10/4/02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, DIEGO L ESQ.
547 MAJORCA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

600008519766
10/22/02--01071--019 **150.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GONZALEZ, DAVID 6472 JOHNSON STREET HOLLYWOOD FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GALKINA-GONZALEZ, TATIANA 6472 JOHNSON STREET HOLLYWOOD FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2002

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /s/ David Gonzalez MANAGER David Gonzalez (954)558-0978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date: 10-14-02 — Daytime Phone #