

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90045 001 ***150.00
 03-09-2000 90045 002 *****8.75

DOCUMENT # 550100

1. Entity Name

HAPPY REALTY CO.

Principal Place of Business

9960 BIRD ROAD
 MIAMI FL 33165

Mailing Address

9960 SW 40TH ST
 MIAMI FL 33165-3944
 US

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

59-1775409

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

WAYNE, ROBERT
1225 SW 87 AVENUE
MIAMI FL 33174

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

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 **PS** ☐ Delete
 NAME **EGUSQUIZA, ADA**
 STREET ADDRESS **2890 SW 130 AV**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **PS** ☒ Change ☐ Addition
 NAME **ADA EGUSQUIZA**
 STREET ADDRESS **12758 SW 38ST**
 CITY-ST-ZIP **MIAMI FLA 33175**

TITLE **T** ☐ Delete
 NAME **EGUSQUIZA, JOHN**
 STREET ADDRESS **2890 SW 130 AV**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **JOHN EGUSQUIZA**
 STREET ADDRESS **11550 SW 101 ave**
 CITY-ST-ZIP **MIAMI FLA 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Ada Egusquiza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00 305-553-0880
 Date Daytime Phone #

CR2E034 (9/99)