

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90425 001 ***450.00

DOCUMENT # 625654

1. Entity Name
HAPPY DAZE UNLIMITED II, INC.

Principal Place of Business

1 GROVE ISLE DR
PH10
COCONUT GROVE FL 33133
US

Mailing Address

3368 POINCIANA AVE
COCONUT GROVE FL 33133
US

41233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1928723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALMAS, IVAN
1 GROVE ISLE DR
1605
COCONUT GROVE FL 33133

3368 Poinciana Ave
Coconut Grove FL
33133

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, 2001 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 PD
NAME ALMAS, IVAN
STREET ADDRESS 1 GROVE ISLE DR PH10
CITY-ST-ZIP COCONUT GROVE FL

☐ Delete

TITLE
NAME Almas, Ivan
STREET ADDRESS 3368 Poinciana Ave
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ Change ☐ Addition

TITLE VP
NAME ALMAS, RICK
STREET ADDRESS PO BOX 797
CITY-ST-ZIP BRECKINRIDGE CO

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 embodied.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/01 (305) 467-1728

CR2E034 (10/00)