## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

UNIT C MIAMI FL 33176

11451 SW 109 ROAD

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## 627754 DOCUMENT #

1. Entity Name

2982 GRAND AVE COCONUT GROVE FL 33133

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ALMOS, RIC

SIGNATURE

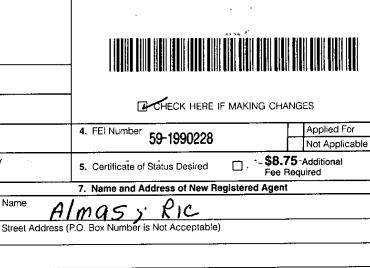
Zip

HAPPY DAZE UNLIMITED III, INC.



**FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90660 001 \*\*\*150 00



11451 SW 109 ROAD, UNIT C **MIAMI FL 33176** Zip Code City 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.

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITI F NAME ALMAS, RIC NAME 11451 SW 109 ROAD,UNIT C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment ith an address, with all other like empowered.

SIGNATURE: