2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757915

1. Entity Name

HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.

Principal Place of Business	Mailing Address
7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553	7850 S.W. 142 AVENUE POST OFFICE BOX 960553 MIAMI FL 33296-0553

2. Principal Place of Business	3. Mailing Address
7850 SW 142 Avenue	
Suite, Apt. #, etc. Post Office Box 960553	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33296-0553	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2031525**   Applied For ☐ / Not Appl. ☐

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

6. Name and Address of Current Registered Agent

MANHEIMER, PETER, ESQ.
14062 S.W. 80TH ST
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name: Stella Palma

Street Address (P.O. Box Number is Not Acceptable):
8904 SW 150 Pl. Cir

City: Miami   FL   Zip Code 33196

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: Stella Palma Treasurer   Stella Palma   1/24/00

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

FILE NOW:
FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: D NAME: NELSON, MARY STREET ADDRESS: 13390 S.W. 66TH STREET CITY-ST-ZIP: MIAMI FL 33183	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Additio
TITLE: V NAME: LEIVA, LUCHY STREET ADDRESS: 10351 SW 154TH PLACE, #68 CITY-ST-ZIP: MIAMI FL 33196	☑ Delete		TITLE: V NAME: LANDER-LAZO, MARTHA STREET ADDRESS: 14604 SW 56 Terrace CITY-ST-ZIP: Miami, Fl 33183	☐ Change	☐ Addition
TITLE: T NAME: LANDER-LAZO, MARTHA STREET ADDRESS: 14604 SW 56 TERRACE CITY-ST-ZIP: MIAMI FL 33183	☑ Delete		TITLE: T NAME: Palma, Stella STREET ADDRESS: 8904 SW 150 Pl. Cir CITY-ST-ZIP: Miami, Fl 33196	☐ Change	☐ Addition
TITLE: S NAME: ARNOSA, BARBARA STREET ADDRESS: 14463 SW 50 TERRACE CITY-ST-ZIP: MIAMI FL 33175	☑ Delete		TITLE: S NAME: Diez, Carina STREET ADDRESS: 7342 SW 139 Ct CITY-ST-ZIP: Miami, Fl 33183	☐ Change	☐ Addition
TITLE: D NAME: HOPE, BRANNOCK STREET ADDRESS: 10338 SW 165 COURT CITY-ST-ZIP: MIAMI FL 33196	☑ Delete		TITLE: D NAME: Santana, Leonor STREET ADDRESS: 15925 SW 83 Terr CITY-ST-ZIP: Miami, Fl 33193	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stella Palma EC Stella Palma (treasurer) 1/24/00 (305) 380-0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #