

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757915

1. Entity Name

HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.

Principal Place of Business

7850 S.W. 142 AVENUE  
POST OFFICE BOX 960553  
MIAMI FL 33296-0553

Mailing Address

7850 S.W. 142 AVENUE  
POST OFFICE BOX 960553  
MIAMI FL 33296-0553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2031525

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

PALMA, STELLA  
8904 SW 150 PL CR  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name LEONOR SANTANA  
Street Address (P.O. Box Number is Not Acceptable)

7850 SW 142 AVE / P.O. Box 960553

City MIAMI, FL Zip Code 33296

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 LEONOR SANTANA, PRESIDENT

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

(NOTE: Registered Agent Signature required when reinstating)

7-10-02

DATE

After September 13, 2002,  
min. will be \$236.25.

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

☒ Delete

TITLE PD  
NAME PRIAS, CAINA D  
STREET ADDRESS 7342 SW 139 CT  
CITY-ST-ZIP MIAMI FL 33183

☒ Delete

TITLE VD  
NAME MARTINEZ, CLARISA  
STREET ADDRESS 14950 SW 18TH TER., A  
CITY-ST-ZIP MIAMI FL 33185

☒ Delete

TITLE T  
NAME PALMA, STELLA  
STREET ADDRESS 8904 SW 150 PL CR  
CITY-ST-ZIP MIAMI FL 33196

☒ Delete

TITLE SD  
NAME AGUILERA, ODALYS D  
STREET ADDRESS 12460 SW 104 TER  
CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE D  
NAME SANTANA, LEONOR  
STREET ADDRESS 15925 SW 83 TER  
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition

TITLE PD  
NAME LEONOR SANTANA  
STREET ADDRESS 7850 SW 142 AV / PO Box 960553  
CITY-ST-ZIP MIAMI, FL 33296

☒ Change ☐ Addition

TITLE VD  
NAME Michelle Osburne  
STREET ADDRESS 7850 SW 142 AV / PO Box 960553  
CITY-ST-ZIP MIAMI, FL 33296

☒ Change ☐ Addition

TITLE T  
NAME AUDREY O'SHARA  
STREET ADDRESS 7850 SW 142 AVE / PO Box 960553  
CITY-ST-ZIP MIAMI, FL 33296

☒ Change ☐ Addition

TITLE SD  
NAME MEIRY LESTER  
STREET ADDRESS 7850 SW 142 AVE / PO Box 960553  
CITY-ST-ZIP MIAMI, FL 33296

☒ Change ☐ Addition

TITLE D  
NAME Amyee VEINER  
STREET ADDRESS 7850 SW 142 AVE / PO Box 960553  
CITY-ST-ZIP MIAMI, FL 33296

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 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

SIGNATURE REQUIRED

7-10-02 305 383 3297

FILED  
Aug 11, 2002 8:00 am  
Secretary of State

08-11-2002 90164 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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