

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F09055

1. Entity Name
HAPPY DAZE UNLIMITED, IV, INC.

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

02-09-2000 90186 001 ***300.00

Principal Place of Business

1 GROVE ISLE DR
PH10
COCONUT GROVE FL 33133
US

Mailing Address

1 GROVE ISLE DR
PH10
COCONUT GROVE FL 33133-6545
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3368 Poinciana Ave

Coconut Grove FL

33133



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3254132

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

ALMAS, IVAN
1 GROVE ISLE DR
STE 1605
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALMAS, IVAN
1 GROVE ISLE DR PH10
COCONUT GROVE FL



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



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00