

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F09055

1. Entity Name

HAPPY DAZE UNLIMITED, IV, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90425 001 ***450.00

Principal Place of Business

1 GROVE ISLE DR
PH10
COCONUT GROVE FL 33133
US

Mailing Address

3368 POINCIANA AVE
PH10
COCONUT GROVE FL 33133
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

TITLE ☐ Change ☐ Addition
NAME ALMAS, IVAN
STREET ADDRESS 3368 Poinciana Ave
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, without either being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/01 (305) 467-1728

CR2E034 (10/00)