

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 006 ***150.00

DOCUMENT # F20143.

1. Entity Name

HAPPY PAPPY SUBS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2881 SW 84 AVE.

3. Mailing Address

2881 SW 84 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA.

Zip

33328

Country

USA.

4. FEI Number

59 2066136.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MAURICE, MARLENE K.

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

4531 GRIFFIN ROAD.

City

FORT LAUDERDALE

FL

Zip Code

33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT & DIRECTOR
MAURICE, MARLENE
2881 SW 84 AVE.
DAVIE FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

954 709 7128

Daytime Phone #

954 402 3889

CR2E034B (12/02)