

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90714 018 ***150.00

DOCUMENT # F78665

1. Entity Name
HAPPY DAZE UNLIMITED V, INC.

Principal Place of Business

7501 SW 88TH ST
 FC17
 MIAMI FL 33156
 US

Mailing Address

3368 POINCIANA AVE
 COCONUT GROVE FL 33133
 US

2. Principal Place of Business

3. Mailing Address

11451 SW 109th Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

City & State

City & State

MIAMI FL

Zip

Country

Zip

33176

Country

DADE

4. FEI Number

59-2195459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALMAS, IVAN
 3368 POINCIANA AVE
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Ric Almas

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

11451 SW 109th Rd #C

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, 2002 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ALMAS, IVAN	
STREET ADDRESS	3368 POINCIANA AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALMAS, RICK	
STREET ADDRESS	cP BPX 797	
CITY-ST-ZIP	BRECKINRIDGE CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ric Almas	
STREET ADDRESS	11451 SW 109th Rd #C	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ric Almas

3/21/02 305-6671728
 Date Daytime Phone #

CR2E034 (9/01)