2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ARMEN

FILED Feb 11, 2000 8:00 am Secretary of State **DOCUMENT # G83794** 1. Entity Name HAPPY CHILDREN, INC. 02-11-2000 90015 035 ***150.00 Mailing Address Principal Place of Business 210 BRYAN ROAD 210 BRYAN ROAD BRANDON FL 33511-5302 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1508801 Not Applied 5 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 7.- Name and Address of New Registered Agent . 6. Name and Address of Current Registered Agent ----CORDOVA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 210 BRYAN ROAD BRANDON FL 33511 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TD , Change ☐ Addition ☐ Defete TITLE TITLE CORDOVA, CARLOS NAME NAME STREET ADDRESS 1118 BRANDON LAKES AVE STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP STD **D** Delete P.S.O. Change Addition TITLE TITLE CORDOVA, CARMEN NAME NAME OR DOIN CARMEN 1118 BRANDON LAKES AVE STREET ADDRESS STREET ADDRESS 1118 BRANDON LAKEN AVE VALRICO FL CITY-ST-ZIP CITY-ST-ZIP VALVICO FI 33190 Delete -. Change Addition TITLE TITLE RUSSO, RICK NAME NAME 210 BRYAN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

2- 7-00

Daytime Phone #