

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90407 019 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001251

1. Entity Name  
**HAPPY DAYS MOTEL, L.L.C.**



Principal Place of Business  
1950 TAFT ST  
HOLLYWOOD, FL 33020

Mailing Address  
1950 TAFT ST  
HOLLYWOOD, FL 33020

2. Principal Place of Business  
*3326 Golf Street*  
Suite, Apt. #, etc.

3. Mailing Address  
*3326 Golf Street*  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
*Hollywood FL*  
Zip  
*33021*  
Country  
*USA*

City & State  
*Hollywood FL*  
Zip  
*33021*  
Country  
*USA*

4. FEI Number  
*04-3596417*  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK CPA  
1772 E TRAFALGAR CIR  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

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. 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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<i>MGR</i>	<i>ROBERT BOURDADES</i>	<i>3326 Golf Street</i>	<i>Hollywood FL 33021</i>		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Robert Bourdages*

*4/18/03*

*(954) 270-0108*

CR2E083 (10/02)