2002 UNIFORM BUSINESS REPORT (UBR)

M55486

DOCUMENT #

SIGNATURE:

1. Entity Name

01-09-2002 90014 019 ***158.75 HAPPY KIDS CHILDCARE, INC. Principal Place of Business Mailing Address P.O. BOX 414597 7118 BYRON AVE. MIAMI BCH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIANA SUSI Street Address (P.O. Box Number is Not Acceptable) 7118 BYRON AVENUE MIAMI BCH FL 33141 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change Addition TITLE ☐ Delete TITLE SUSI, DIANA NAME NAME 7118 BYRON AVE. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SUSI, DORA NAME NAME STREET ADDRESS 7118 BYRON AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 TITI F ☐ Change ☐ Addition _ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an adjusts, with all other like empowered.

FILED

Jan 09, 2002 8:00 am

Secretary of State