

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

4/1

04-14-2003 90731 037 *****61.25

DOCUMENT # N02000006915

1. Entity Name
HAPPI, INC.



Principal Place of Business
**1049 NE 33 STREET #1
FT LAUDERDALE FL 33334**

Mailing Address
**1049 NE 33 STREET #1
FT LAUDERDALE FL 33334**

55031725



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAZAC, GUS
1049 NE 33 STREET #1
FT LAUDERDALE FL 33334**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAZAC, GUS	
STREET ADDRESS	1049 NE 33 STREET #1	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, RICK	
STREET ADDRESS	5033 NW 81ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33087	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, SUE	
STREET ADDRESS	5033 NW 81ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33087	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, LAURA	
STREET ADDRESS	420 NE 43RD STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIDDIQUI, M. FARHAN MD	
STREET ADDRESS	14838 MILITARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, DOROTHY K	
STREET ADDRESS	4550 NW 18 AVENUE #301	
CITY-ST-ZIP	POMPANO BEACH FL 33064	

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

4/7/03

561.361.9030

CR2E037 (10/02)