

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002518

1. Entity Name

THE HAPPY KID FUN CLUB INC.

Principal Place of Business

1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432

Mailing Address

1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432-7312

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

65-0707955

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

MARTINEZ, REINILDA A R
1401 SO FEDERAL HWY. #422
BOCA RATON FL 33432

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MARTINEZ, REINILDA A R
STREET ADDRESS 1401 SO FEDERAL HWY. #422
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AMARAL, ROSEMARY
STREET ADDRESS 50 SW 3RD AVE #409
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAIA, MARIA DA PENHA F
STREET ADDRESS R. NOSSA SRA. DO ROSARIO, 501
CITY-ST-ZIP SAO PAULO - SP BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TAKEDA, CARMELITA R
STREET ADDRESS RUA JOSE PEDRO DO AMARAL, 302
CITY-ST-ZIP SAO PAULO - SP BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURT, CINTIA
STREET ADDRESS RUA. MARIA PASSOS TEIXEIRA, 156 JD. SILVIO
CITY-ST-ZIP SAO PAULO - BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TRINDADE, RAQUEL
STREET ADDRESS R.NA.SRA. DO ROSARIO, 500 EMBU
CITY-ST-ZIP SAO PAULO - BRAZIL

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2000

Date

(561) 394-4534

Daytime Phone #

CR2E037 (9/99)