

# 2002 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

2. Principal Place of Business

1678 N. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

1678 N. Federal Hwy

Suite, Apt. #, etc.

City & State

BOCA RATON, Florida

City & State

BOCA RATON, Florida

Zip

33432

Country

U.S.A

Zip

33432

Country

U.S.A

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0707955

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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 reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, REINILDA A. R.	
STREET ADDRESS	1401 SO FEDERAL HWY. #422	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMARAL, ROSEMARY	
STREET ADDRESS	50 SW 3RD AVE #409	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAIA, MARIA DA PENHA F	
STREET ADDRESS	R. NOSSA SRA. DO ROSARIO, 501	
CITY-ST-ZIP	SAO PAULO - SP BRAZIL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAKEDA, CARMELITA R	
STREET ADDRESS	RUA JOSE PEDRO DO AMARAL, 302	
CITY-ST-ZIP	SAO PAULO - SP BRAZIL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, CINTIA	
STREET ADDRESS	RUA. MARIA PASSOS TEIXEIRA, 156 JD. SILVIO	
CITY-ST-ZIP	SAO PAULO - BRAZIL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRINDADE, RAQUEL	
STREET ADDRESS	R.NA.SRA. DO ROSARIO, 500 EMBU.	
CITY-ST-ZIP	SAO PAULO - BRAZIL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: S. ROSEMARY AMARAL

7-10-02

(561) 416-9800

FILED  
Jul 17, 2002 8:00 am  
Secretary of State

07-17-2002 90125 028 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)