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

DOCUMENT # N9700002518

1. Entity Name

THE HAPPY KID FUN CLUB INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90921 001 *****8.75 04-07-2003 90921 002 ****61 25

ITIL NAC	FT RID FOR CLUB INC.				J4-07-2003 90921 002	2 *****61.	25
Principal Place of Business 1678 N FEDERAL HWY BOCA RATON FL 33432		Mailing Address 1678 N FEDERAL HWY BOCA RATON FL 33432					
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Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	
Gity & Stat	a lation-fl	City & State	<u>و</u>	4. FEI Number 6	5-0707955		plied For at Applicable
33.43		- the some	Country L \	5. Certificate of St	Alus Desired F	8.75 Add ee Required	litional d
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Add	ress of New Registered A	gent	
MARTINEZ, REINILDA A. R			Street Address (P.O. Box Number is Not Acceptable)				
	FEDERAL HWY. #422 Aton Fl 33432			<u></u>			
)			City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or r	registered agent, or both, in		miliar with, a	and accept
the obligat	tions of registered agent.						
SIGNATURE .	Signature, typed or pr nted name of registered agent a	W. Australia	ominton - J A 1 signatur		4-4-0	<u>3</u>	·· ····
	Signature, typed or printed frame or registered agent a	(NOTE: N	egisterati Agent signatur	re required when reinstating)	DATE	<u></u>	
f	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make Check Florida Departi	Payable ment of S	to State
		Trust Fund Con	tribution.	Added to Fees	Florida Departi	ment of S	State
10.	OFFICERS AND DIR	Trust Fund Con	11.	Added to Fees ADDITIONS/CHANG	Florida Departi	ment of S	State
10.	OFFICERS AND DIR PD MARTINEZ, REINILDA A R	Trust Fund Con	11.	Added to Fees ADDITIONS/CHANG	Florida Departi	ECTORS IN	itate 10
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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 employeed to execute his 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:

4-4-03

(561)416-98 a