

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004599

1. Entity Name

HAPPY APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90058 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8430 HARDING AVE.  
 MIAMI BEACH FL 33141

7098 BONITA DRIVE  
 MIAMI BEACH FL 33141-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0902888

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, ALBERTO  
 842 FALLING WATER RD.  
 WESTIN FL 33326

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  
 NAME ORDONES, MAURICIO  
 STREET ADDRESS 842 FALLING WATER RD.  
 CITY-ST-ZIP WESTIN FL 33326

☐ Delete

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

TITLE VD  
 NAME LOPEZ, ALBERTO  
 STREET ADDRESS 842 FALLING WATER RD.  
 CITY-ST-ZIP WESTIN FL 33326

☐ Delete

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

TITLE T  
 NAME TRYULLENQUE, ANTHONY L  
 STREET ADDRESS 7098 BONITA DRIVE  
 CITY-ST-ZIP MIAMI BEACH FL 33141

☐ Delete

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

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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 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 powers empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 (305) 868-5365

CR2E037 (9/99)