

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 047 ***150.00

DOCUMENT # P00000067724
1. Entity Name
Happy Face Financial

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1460 SW 3rd St</u> Suite, Apt. #, etc. <u>B-5</u> City & State <u>Pompano</u> Zip <u>33069</u> Country <u>USA</u>		3. Mailing Address <u>1460 SW 3rd St.</u> Suite, Apt. #, etc. <u>B-5</u> City & State <u>Pompano beach</u> Zip <u>33069</u> Country <u>USA</u>	
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B0058602

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4. FEI Number <u>65-1029514</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name David Morgan
Street Address (P.O. Box Number is Not Acceptable)
437 NE 28th AVE #3
City Pompano FL Zip Code 33062

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P David Morgan</u> <u>437 NE 28th AVE #3</u> <u>Pompano Beach FL 33062</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 954 946 4227
Date Daytime Phone #

CR2E034B (12/01)