## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am P00000075902 DOCUMENT # **Secretary of State** 1. Entity Name 02-25-2002 90091 049 \*\*\*150.00 HAPPY GLO CLOTHING INC. Principal Place of Business ..... Mailing Address 5052 NW 123RD AVENUE 5052 NW 123RD AVENUE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1031757 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOUZALGO, HAVIV Street Address (P.O. Box Number is Not Acceptable) 5052 NW 123RD AVE CORAL SPRINGS FL 33076 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent elemeture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be. ¿Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees L (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01 TITLE ☐ Delete TITLE [] Change Addition **BOUZAGLO, HAVIV** NAME NAME 5052 NW 123RD AVE STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP CITY-ST-ZIP ST ☐ Addition TITLE ☐ Delete TITLE Change **BOUZAGLO, SOL** NAME NAME 5052 NW 123RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **CORAL SPRINGS FL 33076** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME **BOUZAGLO, YANIV** NAME STREET ADDRESS 5052 NW 123RD AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL 33076** Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

changed, or on an attachment with an address, with