## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 12, 2001 8:00 am DOCUMENT # P00000103803 **Secretary of State** 1. Entity Name JUST HAPPENS, INC. 02-12-2001 90212 042 \*\*\*150.00 Principal Place of Business Mailing Address 4451 SOUTHWEST 95TH AVENUE 7451\_SOUTHWEST 95TH AVENUE DAYIE FL 33328 DAVIE FL 33328 2. Principal Place of Busine 1001 NW 5 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 10 Applied For Not Applicable \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Addition TITLE ☐ Delete TITLE thange NAME GUERRA-RUBIN, ANTONETTE NAME NW 51 Court STREET ADDRESS 4451-SOUTHWEST-95TH-AVENUE STREET ADDRESS Fort Lauderdale, FL 33309 CITY-ST-ZIP CITY-ST-ZIP DAME-FL-33328-☐ Delete ☐ Addition TITLE TITLE Shange : RUBIN, NEIL NAME NAME 1001 NW 51 Court STREET ADDRESS 4451: SOUTHWEST 95TH AVENUE STREET ADDRESS CITY-ST-ZIP Fort Landerdalo, FL 33309 CITY - ST - 7/P DAVIE FL 33328 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 all other like empowered.