

APPROVED
AND
FILED

03 SEP 10 AM 10:43

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082415			
1. Entity Name HAPPY BABA COMPANY, INC.			
Principal Place of Business 1063 TERRACE SUNRISE, FL 33323		Mailing Address 1063 TERRACE SUNRISE, FL 33323	
2. Principal Place of Business 3501 W Rolling Hills cir Suite, Apt. #, etc.		3. Mailing Address 3501 W Rolling Hills cir Suite, Apt. #, etc.	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33328		Zip 33328	
Country USA		Country	
4. FEI Number 76-0740293			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KASAI, NOBUAKI 1063 NW 124 TERR. SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name KASAI NOBUAKI Street Address (P.O. Box Number is Not Acceptable) 3501 W Rolling Hills circle City DAVIE FL Zip Code 33328	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when re-issuing)			
400022930394 09/10/03 01250-014 **550.00			
FILE NOW! FEE IS \$150.00 After May 1, 2003 fee will be \$550.00 Amended UBR # 661-26 Make Check Payable to Florida Department of State			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KASAI, NOBUAKI 1063 TERRACE SUNRISE, FL 33323 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3501 W Rolling Hills circle DAVIE FL 33328
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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 607, 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 empowerment.			
SIGNATURE: _____ SIGNATURE AMT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/9/03 954-520-3870 Date Daytime Phone #	

CR2E034 (10/02)