

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

05-05-2003 90712 048 ***150.00

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DOCUMENT # P02000105806

1. Entity Name
HAPPY MAIDS, INC.



Principal Place of Business
6702 N. GUNLOCK AVE.
TAMPA FL 33614

Mailing Address
6702 N. GUNLOCK AVE.
TAMPA FL 33614

55051453



2. Principal Place of Business

3. Mailing Address

6702 N. Gunlock Ave

6702 N. Gunlock Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33614 USA

33614 USA

4. FEI Number

55-0799401

Applied For

☐ Not Applicable

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

COHEN, ROBERT F
2918 BUSCH LAKE BLVD.
TAMPA FL 33614

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ZAYAS, PETER
STREET ADDRESS 6702 N. GUNLOCK AVE.
CITY-ST-ZIP TAMPA FL 33614

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

TITLE D ☐ Delete
NAME ZAYAS, GRETCHEN
STREET ADDRESS 6702 N. GUNLOCK AVE.
CITY-ST-ZIP TAMPA FL 33614

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03

813-673-8799

Date

Daytime Phone #

CR2E034 (4/03)

HAPPY MAIDS INC P.O. Box 272457 Tampa, FL 33688 Ph 813-202-8006 Fax 813-673-8558		11039053	10025
DATE 4/29/03		83-468/631	
PAY TO THE ORDER OF Florida Department of State		\$ 150.00	
One Hundred and Fifty 00/100		150.00 DOLLARS	
AM SOUTH BANK THE RELATIONSHIP PEOPLE		Security Features	
FOR [Signature]		[Signature]	

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- * Document or Sample ID altered;
- * Absence of identification of "Original Document";
- * Absence of screen, or lack of check appearance; scanning or dotted line appearance; or spots appear with chemical degradation.
- * Absence of padlock icon

Security Features

- * Microprint Signature Line
- * Chemical Sensitivity
- * Padlock Icon

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FEDERAL RESERVE BOARD OF GOVERNORS REG. CO.

0200001

May 1 - 03

BANK OF AMERICA, NA JAX

063000047 E2143 90

05/19/0

54070903

2089
DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTIONS ONLY

MAY-05-2003

END OF DEPARTMENT OF STATE
FOR DEPOSIT ONLY
X ACCT. # - 1009068796