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

## **DOCUMENT #**

P02000109473

1. Entity Name

HAPPY SUPERMARKET INC.



## FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90176 009 \*\*\*150.00

							_				
Principal Place of Business 1150 N.W. 72ND AVENUE #555 MIAMI FL 33126			Mailing Address 1150 N.W. 72ND AVENUE #555 MIAMI FL 33126								
2. Principal Place of Business			3. Mailing Address						.B)	# 18451 <b>#</b> 1864 14	<b>                                    </b>
Suite Apt. #	, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				<b>4.</b> F	4. FEI Number 07-0493321			plied For t Applicable
Zip Country			Zip	Zip Countr			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
<u> </u>	6. Name	and Address of Current	Registere	stered Agent			7. Name and Address of New Registered Agent				
						Name				_	
ruiz, mar	ria s			Street Address			s (P.O. Bo	(P.O. Box Number is Not Acceptable)			
1150 N.W.	72ND AV	ENUE		<u> </u>				<del>-</del>	***		
#555											
MIAMI FL	33126			!					FL	Zip Code	э
		7. 1	the program	and of abanding its	registere	d office or regis	tered age	ent, or both, in the State of Florida	a. I am fa	 miliar with, :	and accept
8. The above the obligation	named entit ons of regis	y submits this statement is lered agent.	or the pulp	ose of changing its	registere	d office of regio	.0.00 0.9.				
SIGNATURE _	Signature, typed	or printed name of registered agen	t and title if app	licable. (NOT	E: Registered	Agent signature requ	ired when re	einstating)	DATE		
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State					Election Campaign Financ Trust Fund Contribution.	cing .		May Be
	( rayable t	OFFICERS AND		BS	11.		AD	L DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11
10.	PSTD	OFFICERS AND	DIRLOTO	Delete	TITLE					☐ Change	☐ Addition
TITLE NAME	RUIZ, MA	RIA S		Delete	NAM						1
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12   harahu	certify that t	he information supplied w	ith this filing	does not qualify f	or the exe	emption stated in	n Section	119.07(3)(i), Florida Statutes. I fu	irther cert	ify that the	information

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:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

305-694-0714

Daytime Phone #