FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State
09-08-2002 90091 036 ***150.00

B0136414

DOCUMENT # P96000078855

1. Entity Name

HAPPY TIMES ADULT DAY CARE CENTER, CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
50 W 29 ST	50 West 29 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State: Hialeah, Florida
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 65-0695479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CAMPOS, ARMANDO

Street Address (P.O. Box Number is Not Acceptable): 50 West 29 ST

City: Hialeah FL Zip Code: 33012

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMPOS, ARMANDO
STREET ADDRESS	50 WEST 29 ST
CITY-ST-ZIP	Hialeah, Florida, 33012
TITLE	VP
NAME	TOLEDO, ELBA M.
STREET ADDRESS	50 W 29 STREET
CITY-ST-ZIP	Hialeah FL 33012
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elba M Toledo 8/28/02 305 8051040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Happy Times Adult Care Center, Corp.
50 West 29th Street
Hialeah, Florida, 33012

Hialeah, August 28, 2002

Division of Corporation
P.O. Box 1500
Tallahassee, Fl 32302-1500

Ref: Document #P96000078855

This note is to inform that I never receive any form to fill the UBR this year.

When I made the UBR on 2001, I received the form on time, but this year something was wrong, please check your records because I never moved or change postal address. and now that I came to the accountant to make some papers he inform me that I am late in this renovation.

Please review your records, and see why I did not receive the forms this year.

Adj. you will find a check # 3575 as payment of the 2002 UBR and please check your records and communicate if has been any change in the info lately.

Thanks for your help.

Elba Toledo
Vice- President