

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90008 025 ***150.00

DOCUMENT # P97000000593

1. Entity Name

III HAPPINESS INC.

Principal Place of Business

8353 NW 68 ST
 MIAMI FL 33166

Mailing Address

8353 NW 68 ST
 MIAMI FL 33166-3094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0716738

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLERKE, WALTER G
8353 NW 68 ST
MIAMI FL 33166

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME

PD
CLERKE, WALTER G

Delete

STREET ADDRESS
 CITY-ST-ZIP

8353 NW 68 ST
MIAMI FL 33166

TITLE
 NAME

Change

Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

VD
MUNDO, JORGE M

Delete

TITLE
 NAME

Change

Addition

STREET ADDRESS
 CITY-ST-ZIP

8353 NW 68 ST
MIAMI FL 33166

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change

Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change

Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME

Delete

TITLE
 NAME

Change

Addition

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this report 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 or other person authorized 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.

SIGNATURE: 

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000
 Date

Daytime Phone #

710326



DO NOT WRITE IN THIS SPACE