

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091488

1. Entity Name

HAPPY REAL ESTATE, INC.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90326 047 \*\*\*150.00

0156122

Principal Place of Business  
100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132-2306

Mailing Address  
100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132-2306

639252

2. Principal Place of Business  
5201 Blue Lagoon Drive

3. Mailing Address  
5201 Blue Lagoon Drive

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33126

Country  
USA

Zip  
33126

Country  
USA

4. FEI Number 65-0791548

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
REUS, ALEXANDER ESQ.  
100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132-2306

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
5201 Blue Lagoon Drive, Suite 100  
City Miami FL Zip Code 33126

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)

Alexander Reus, Esq.

3/14/01

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D HERRANZ, MARIA 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132-2306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Herranz

3/14/01

Date

(305) 262-4433

Daytime Phone #

CR2E034 (10/00)