

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0298620 AV

DOCUMENT # P97000093048

1. Entity Name
HAPPY FACES ENTERTAINMENT, INC.

03-29-2002 90794 004 ***150.00

Principal Place of Business
17417 SW 143 PLACE
MIAMI FL 33177

Mailing Address
17417 SW 143 PLACE
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16004 sw 97 ter
 Suite, Apt. #, etc.

3. Mailing Address

16004 sw 97 ter
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0806459

Applied For

Not Applicable

Zip

33196

Country

Dade

Zip

33196

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, SANDRA M
17417 SW 143 PLACE
MIAMI FL 33177

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete
NAME **DIAZ, SANDRA M**
STREET ADDRESS **17417 SW 143 PLACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **VSD** ☐ Delete
NAME **DIAZ, YOHANKI**
STREET ADDRESS **17417 SW 143 PLACE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16004 sw 97 ter**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **16004 sw 97 ter**
CITY-ST-ZIP **MIAMI FL 33196**

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

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

3-10-02 305-385-5335

Date

Daytime Phone #

CR2E034 (9/01)