

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90007 048 ***550.00

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DOCUMENT # *P. 98000056810*

1. Entity Name *Happy Roads Investment Group, Inc.*

Principal Place of Business *5045 NW 79 AVE. MIAMI FL 33166*

Mailing Address *5045 NW 79 AVE. MIAMI FL 33166*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number *65-0856106*

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARIO PINO
5045 NW 79 AVE
MIAMI FL 33166

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 _____ (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

TITLE	<i>D MARIO PINO</i>	<input type="checkbox"/> Delete
NAME	<i>5045 NW 79 AVE</i>	
STREET ADDRESS	<i>MIAMI FL 33166</i>	
CITY-ST-ZIP		
TITLE	<i>P JAIMIE PINO</i>	<input type="checkbox"/> Delete
NAME	<i>5045 NW 79 AVE</i>	
STREET ADDRESS	<i>MIAMI FL 33166</i>	
CITY-ST-ZIP		
TITLE	<i>D FERNANDO JIMENEZ</i>	<input type="checkbox"/> Delete
NAME	<i>5045 NW 79 AVE</i>	
STREET ADDRESS	<i>MIAMI FL 33166</i>	
CITY-ST-ZIP		
TITLE	<i>S IVAN PINO</i>	<input type="checkbox"/> Delete
NAME	<i>5045 NW 79 AVE</i>	
STREET ADDRESS	<i>MIAMI FL 33166</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mario Pino* **VI-9-00** **(305) 5921917**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)