

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075028

1. Entity Name

HAPPY FACES TRANSPORTATION, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90475 032 ***158.75

Principal Place of Business

5880 COLLINS AVENUE
SUITE 805
MIAMI BEACH FL 33140

Mailing Address

5880 COLLINS AVENUE
SUITE 805
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0939672

Applied For

Not Applicable

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

FLEITES, RAUL
5880 COLLINS AVE # 805
MIAMI FL 33140

Name

MIGUEL F. FLEITES

Street Address (P.O. Box Number is Not Acceptable)

2951 NW 13th ST.

City MIAMI

FL

Zip Code 33125

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 MIGUEL FLEITES Vice- President

March 5, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FLEITES, RAUL
STREET ADDRESS 5880 COLLINS AVE # 805
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

TITLE V
NAME Fleites, Miguel
STREET ADDRESS 2951 NW 13th Street
CITY-ST-ZIP Miami FL 33125 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Miguel Fleites

03/08/01

Date

305-633-3963

Daytime Phone #

CR2E034 (10/00)