

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90077 011 ***150.00

DOCUMENT # P99000024102 1. Entity Name <div style="border: 1px solid black; padding: 5px; min-height: 40px;">B & B HAPPY SERVICE, CORP.</div>					
2. Principal Place of Business 11253 SW 35th Terrace Suite, Apt. #, etc.			3. Mailing Address 11253 SW 35th Terrace Suite, Apt. #, etc.		
City & State Miami FL 33165 Zip Country		City & State Miami FL 33165-3409 Zip Country		4. FEI Number 65-0902467 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required					
7. Name and Address of Current Registered Agent Name: ORELLANA, CARLOS M Street Address (P.O. Box Number is Not Acceptable): 11253 SW 35th Terrace City: Miami FL Zip Code: 33165					
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. <input type="checkbox"/> (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE	PD	TITLE		TITLE	
NAME	ORELLANA, CARLOS M	NAME		NAME	
STREET ADDRESS	11253 SW 35th Terrace	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33165	CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.					
SIGNATURE:		CARLOS M ORELLANA		2/23/2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	