

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90021 006 ***150.00

00026845



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000036311

1. Entity Name
HAPPY FOOD, CORP.

Principal Place of Business 169 EAST FLAGLER STREET #100 MIAMI FL 33131	Mailing Address 169 EAST FLAGLER STREET #100 MIAMI FL 33131-1200
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0912880	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

~~BERMANN, GUILLERMO~~
~~210-174TH STREET~~
~~#910~~
~~NORTH MIAMI FL 33160~~

7. Name and Address of New Registered Agent

Name
HECTOR OSVALDO VUQUICH

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

City MIAMI BEACH FL Zip Code 33139

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 *Hector Osvaldo Vuquich* 3-23-00.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD- HUZENMAN, GREGORIO		NAME	PRESIDENT	
STREET ADDRESS	210-174TH STREET #2219		STREET ADDRESS	100 LINCOLN ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33160		CITY-ST-ZIP	MIAMI BEACH FL, 33139	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVD- BERMANN, GUILLERMO		NAME	ROSA LORENZO	
STREET ADDRESS	210-174TH STREET #2219		STREET ADDRESS	100 LINCOLN ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33160		CITY-ST-ZIP	MIAMI BEACH FL, 33139	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector Osvaldo Vuquich* President 1/19/00
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)