

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J71596

FILED  
Feb 12, 2002 8:00 AM  
Secretary of State

**Entity Name:** SECRET FORMULA ENTERTAINERS INC.

**Current Principal Place of Business:**

3475 SHERIDAN ST. #212  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3992 NW 62 CT  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

3475 SHERIDAN ST. #212  
HOLLYWOOD, FL 33021

**New Mailing Address:**

5621 HAWKES BLUFF AVE.  
DAVIE, FL 33331

**FEI Number:** 59-2815164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FARR, GARY  
5621 HAWKES BLUFF AVE.  
DAVIE, FL 33331

**Name and Address of New Registered Agent:**

FARR, GARY PRES.  
5621 HAWKES BLUFF AVE.  
DAVIE, FL 33331

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: GARY FARR

02/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARR, GARY,  
Address: 5621 HAWKES BLUFF AVE.  
City-St-Zip: DAVIE, FL

Title: D ( ) Delete  
Name: FARR, DEBRA M.,  
Address: 3992 NW 62 CT  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FARR

PRES

02/12/2002

Electronic Signature of Signing Officer or Director

Date