## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93 0000 798 77

The Chuckle PATCH, MC.

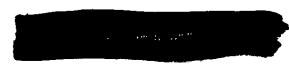
Principal Place of Business						
7011 n.	511	ME	Rd.	フ		
Parklan	d,	FL	336	73		

Mailing Address

7011 N. STATE Ld , 7

**FILED** Jul 23, 2002 8:00 am Secretary of State

07-23-2002 90335 021 \*\*\*150.00



Parkland	1, PL 33013	Parkiano	1. FL 33073	
2. Principal Place	of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	<del>-</del>	City & State	_	4. FEI Number Applied For   Applied For   Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
HILAR	y HAIMOWI 1. STATE Pd.	T2-	Name Street A	Address (P.O. Box Number is Not Acceptable)
Parkla	ind, FL 3307	73	City	FL Zip Code
the obligations of	of registered agent.			r registered agent, or both, in the State of Florida. I am familiar with, and accept
Bignati	ure, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signatu	ture required when reinstating) DATE
	n is eligible to satisfy its Intangement and elects to do so. back)	After Septemi	IOWIII FEE IS \$550. per 13, 2002 Fee will b Payable to Departmen	be \$750,000 Trust Fund Contribution Added to Face
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	STD Filory Haimed 1011 n. STATE Parkland, FL	☐ Noleta		Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	or provided 1 to	☐ Delete		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	and another the second	Delete		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TILE HAME STREET ADDRESS DITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:** 

MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Attachment 0#19320019871 80131430

JULY 15, 2002

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: THE CHUCKLE PATCH, INC.

TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR FIRST NOTIFICATION IN THE MAIL. PLEASE FIND ENCLOSED A CHECK IN THE AMOUNT OF \$150.00 TO COVER THE INITIAL FILING FEE. WE ARE RESPECTFULLY REQUESTING AN ABATEMENT OF ANY PENALTY THAT MAY HAVE ACCRUED DUE TO THIS ERROR.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

HILARY HAIMOWITZ, PRESIDENT

HILARY-SIGN of Coate form at bottom of 18. a SIGN letter-AGKE CK. Payable MAKE CK. Payable to PL SEPT. STATE. HO PL SEPT. STATE. MAIL All TO Address on Letter. ") K.