

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**  
 04-13-2000 90008 044 \*\*\*150.00

**DOCUMENT # P97000101038**

**1. Entity Name**  
**MAMA CLOWN SILLY FARM PRODUCTS, INC.**

<b>Principal Place of Business</b>		<b>Mailing Address</b>	
S. 14TH AVE. HOLLYWOOD FL 33020		230 S. 14TH AVE. HOLLYWOOD FL 33020-5212	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
2117 Hollywood Blvd.		2117 Hollywood Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0815674		<b>Applied For</b>	
						<input type="checkbox"/> Not Applicable	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
MURAD, MARCELA 230 S. 14TH AVE. HOLLYWOOD FL 33020				Name			
				Street Address (P.O. Box Number is Not Acceptable) 2117 Hollywood Blvd.			
				City <b>FL</b> Zip Code			

**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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
DPS	MURAD, MARCELA				
230 S. 14TH AVE.	2117 Hollywood Blvd.				
HOLLYWOOD FL 33020					
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	

**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:** *Marcel Murad* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)