

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90488 032 ***150.00

DOCUMENT # **P97000101038**

1. Entity Name

MAMA CLOWN SILLY FARM PRODUCTS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2142 TYLER STREET

Suite, Apt. #, etc.

3. Mailing Address

2142 TYLER ST

Suite, Apt. #, etc.

869542

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-08-15674

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **MARCELA MURAD**

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

230 S 14th AVENUE

City **HOLLYWOOD,**

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

Marcela Murad

MARCELA MURAD

Signature, typed or printed name of registered agent and title, if applicable.

(NO IL: 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) ☒

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPS
MARCELA MURAD
2142 TYLER ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**M
ADMINISTRATOR -
PATRICIA MERINO
2142 TYLER ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia Merino - Administrator

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10.02

Date

954 923-6013

Daytime Phone #

CR2E034B (12/01)

Attachment 869542

2501021428400777.117 (1064x2206x2 int)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101038

1. Entity Name

MAMA CLOWN SILLY FARM PRODUCTS, INC.

Principal Place of Business

2117 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address

2117 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Subs, Apt. 8, etc.

Subs, Apt. 8, etc.

City & State

City & State

Zip

County

Zip

County

4. FEI Number 05-0815674

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAD, MARCELA
2117 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number & Not Applicable)

City

FL

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

Signature, name of owner, partner or registered agent and title (required)

NOTE: Registered agent signature required when effecting

DATE

9. This corporation is eligible to qualify as a corporation for filing requirements and needs to do so. (See criteria on back)

FILE NOW!! FEE IS \$130.00
After MAY 1, 2001 Fee will be \$150.00
Make Check Payable to Department of State

10. Election Campaign Financing
True Full Contribution

\$5.00 may be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	OFF	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	DATE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	DATE
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	DATE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	DATE

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE	Change	Addition

13. I hereby certify that the information supplied on this filing does not qualify for the exemption provided in Section 115.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature at the time the same was made was 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 a true and correct copy of the same.

SIGNATURE: *Murad*

Signature and Title required only if change of agent is being made

DATE

Signature Press

CPRE-804 (10/00)

Attachment 869542

SILLY FARM PRODUCTS
FACE PAINTING INTERNATIONAL MAGAZINE

2142 TYLER STREET - Hollywood, FL 33020
954-923-6013 - Fax: 954-923-4816

June 10, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam,

Enclosed document #P97000101038 and a check for \$150.00.

My name is Patricia Merino and I recently joined Mama Clown Silly Farm Products as an administrator. My husband and I went into the internet to look at the corporation information since we were trying to copy right the name of the organization and came across this form. I immediately called and was informed by Jill that this report was to be filed every year by May 30th, but this is the first time I have seen this form. In fact this copy is from last year. Is Tallahassee supposed to mail this form to us.? I realize this filing is late but I was not aware of this filing or this form until I came across it in the system. Ms. Jill informed me that there is a penalty for filing late, but since I did not know of this filing until now and did not receive anything from Tallahassee I was unable to file on time.

Thank you for your attention,

Patricia Merino

Patricia Merino
Administrator