

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 023 ***150.00

DOCUMENT # P98000076212

1. Entity Name
MOMMA POLLA PRESENTS, INC.

Principal Place of Business 454 QUEENSBRIDGE DR. LAKE MARY FL 32746	Mailing Address 454 QUEENSBRIDGE DR. LAKE MARY FL 32746-6443
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DO NOT WRITE IN THIS SPACE

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 59-3525017	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POLLA, MARY LOU
454 QUEENSBRIDGE DR.
LAKE MARY FL 32746

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 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		
TITLE P	NAME POLLA, MARY LOU	<input type="checkbox"/> Delete
STREET ADDRESS 454 QUEENSBRIDGE DR	CITY-ST-ZIP LAKE MARY FL 32746	
TITLE VP	NAME DECURVALMO, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 130 LUBLE ST	CITY-ST-ZIP BLOOMFIELD NY 14469	
TITLE EVP	NAME POLLA, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS 14 ELM ST	CITY-ST-ZIP BLOOMFIELD NY 14469	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME DE CARVALHO, VICTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 130-NOBLE ST	CITY-ST-ZIP BROOKLYN NY 11222	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: Mary Lou Polla (MARY LOU POLLA) 1/27/00 407 330-2081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)