

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90023 004 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002213

1. Corporation Name

MAMA'S SPECIALTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3900 PARADISE RD., #156 A  
LAS VEGAS NV 89101

Mailing Address

3900 PARADISE RD., #156 A  
LAS VEGAS NV 89101

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

86-0872191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, ROSE A  
1160 HILLSBORO MILE #605  
HILLSBORO BEACH FL 33062

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

STDC

☐ DELETE

NAME

JACOBS, ROSE A

STREET ADDRESS

1160 HILLSBORO MILE #605-ILAND HOUSE

CITY-ST-ZIP

HILLSBORO BEACH FL 33062

TITLE

PDC

☐ DELETE

NAME

JACOBS, RONALD

STREET ADDRESS

3900 PARADISE RD., #156 A

CITY-ST-ZIP

LAS VEGAS NV 89101

TITLE

D

☐ DELETE

NAME

JACOBS, JACK

STREET ADDRESS

3900 PARADISE RD., #156 A

CITY-ST-ZIP

LAS VEGAS NV 89101

TITLE

STDC

☐ DELETE

NAME

JACOBS, ROSE A

STREET ADDRESS

1160 HILLSBORO MILE #605-ILAND HOUSE

CITY-ST-ZIP

HILLSBORO BEACH FL 33062

TITLE

PDC

☐ DELETE

NAME

JACOBS, RONALD

STREET ADDRESS

3900 PARADISE RD., #156 A

CITY-ST-ZIP

LAS VEGAS NV 89101

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

86-0872191

☐ Change

☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Add

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Add

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Add

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Add

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Add

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Add

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all the same like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #