

# FOR PROFIT CORPORATION

FILED

May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90408 022 \*\*\*150.00

DOCUMENT # 2002 **UNIFORM BUSINESS REPORT (UBR)** LO1000018467

1. Entity Name

MAMA BOCHA LLC

DO NOT WRITE IN THIS SPACE

968029

2. Principal Place of Business

C/O GOODMAN + BREEN

3. Mailing Address

C/O GOODMAN + BREEN

Suite, Apt. #, etc.

3838 TAMiami TRAIL N #300

Suite, Apt. #, etc.

3838 TAMiami TRAIL N #300

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GOODMAN + BREEN, PA

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

3838 TAMiami TRAIL North #300

City

NAPLES

FL

Zip Code

34103

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

N/A

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

(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) ☐

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 DPT  
NAME DOROTHY M. BREEN  
STREET ADDRESS 3838 TAMiami TRAIL N #300  
CITY-ST-ZIP NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS  
NAME HERVE LIEGEON  
STREET ADDRESS 3838 TAMiami TRAIL N #300  
CITY-ST-ZIP NAPLES FL 34103

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY M. BREEN 4/30/02 941-403-3000

Date

Daytime Phone #