2001 UNIFORM BUSINESS REPORT (UBR)

AS AMENDED

DOCUMENT # P00000069944

1. Entity Name

MAMMA MIA of THE FOUNTAINS, INC

FILED
01 OCT 24 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
	3841 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

(2) Principal Place of Business	3. Mailing Address
6655 W BOYNTON BEACH BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State
Zip: 33437 Country	Zip Country

4. FEI Number: * 65-1051397 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOGRASSO, VINCE 3841 WOOLBRIGHT ROAD BOYNTON BEACH FL 33436	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 _____
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOGRASSO, VINCE 3841 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436	☐ Delete	VD LOGRASSO, FRANCESCO 3841 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD LOGRASSO, GUISEPPE 3841 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

400004687624--5
-11/19/01--01066--010
*****62.50 *****62.50

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: _____ 10/22/01 561 775-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)