

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00100313

DOCUMENT # P01000106848		
1. Entity Name MAMECA RESTORATION, INC.		
Principal Place of Business 8520 CRESPI BLVD MIAMI BEACH, FL 33141		Mailing Address 8520 CRESPI BLVD MIAMI BEACH, FL 33141
2. Principal Place of Business 9165 FROUDE AVENUE Suite, Apt. #, etc.		3. Mailing Address 9165 FROUDE AVENUE Suite, Apt. #, etc.
City & State MIAMI Bch, FL		City & State MIAMI Bch, FL
Zip 33154 Country USA		Zip 33154 Country USA
4. FEI Number 65-1148841		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORTALE, EDUARDO A 8520 CRESPI BLVD MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name MORTALE, EDUARDO A. Street Address (P.O. Box Number is Not Acceptable) 9165 FROUDE AVENUE City MIAMI Bch FL Zip Code 33154
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 04/28/03 (NOTE: Registered Agent's signature required when resigning)		
FILE NOW!!! FEE IS \$150.00 After May 4-2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTALE, EDUARDO A 8520 CRESPI BLVD MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOBLENSKI, MARIA E 8520 CRESPI BLVD MIAMI, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.		
SIGNATURE:  DATE 04/28/03 904-457-0970 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (10/02)