

FILED
Mar 31, 2003 8:00 am
Secretary of State

01-23-2003 90209 022 ***150.00

**2003 FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000089630

1. Entity Name
MAMA MIA'S PIZZERIA & ITALIAN RESTAURANT, INC.



Principal Place of Business
12220 ATLANTIC BLVD
114
JACKSONVILLE FL 32225
US

Mailing Address
12220 ATLANTIC BLVD
114
JACKSONVILLE FL 32225
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

55 D809 205

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUSHA, KASTRIOT L
12220 ATLANTIC BLVD
114
JACKSONVILLE FL 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
Lk 165 Tusha
11652 Summer Pres 32208
BROOKET

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

TITLE
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Lk 165 Tusha

☐ Delete

TITLE
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CITY - ST - ZIP
Lk 165 Tusha

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lk 165 Tusha 1/1/2003

Date

Daytime Phone #

CR2E034 (10/02)