

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049636

1. Entity Name
MAMMA MIRELLA, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91133 033 ***158.75

Principal Place of Business Mailing Address
902 13TH ST 902 13TH ST
ST CLOUD FL 34769 ST CLOUD FL 34769
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3392182** 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

LANDOLFI, MIRELLA
902 13TH ST
ST CLOUD FL 34769

Name **TOMAS MESA**
Street Address (P.O. Box Number is Not Acceptable)
840 C SKYLAKE CIRCLE
City **ORLANDO** FL Zip Code **32809**

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 *Tomas Mesa* DATE **4/28/01**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DPST** ☒ Delete
NAME **LANDOLFI, MIRELLA**
STREET ADDRESS **902 13TH ST**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **President** ☒ Change ☒ Addition
NAME **Tomas MESA**
STREET ADDRESS **840 C SKYLAKE CIRCLE**
CITY-ST-ZIP **Orlando, Florida 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mirella Landolfi* **Mirella Landolfi - Pres.** 1-15-01 407-891-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)