

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90181 014 ***150.00

DOCUMENT # *P98000008573*

1. Entity Name

MAMA LUCILLE'S, INC.



DO NOT WRITE IN THIS SPACE

11010137

2. Principal Place of Business

5798 JOHNSON ST

Suite, Apt. #, etc.

3. Mailing Address

5798 JOHNSON ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-1162393

Applied For

Not Applicable

Zip

33021

Country

BROWARD

Zip

33021

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANGELA H. HUBER

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

5798 JOHNSON ST

City

HOLLYWOOD

FL

Zip Code

33021

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]

ANGELA H. HUBER

4/22/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *P, S, T, D*
NAME *ANGELA H. HUBER*
STREET ADDRESS *5798 JOHNSON ST*
CITY-ST-ZIP *HOLLYWOOD, FL 33021*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA H. HUBER

PRES.

Date

Daytime Phone #

954-966-7466

CR2E034B (12/02)