2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017636

1. Entity Name

MAMA MARIA'S GREEK CUISINE, INC.

FILED Jan 24, 2001 8:00 am Secretary of State

MAMA MAKIA'S GREEK CUISINE, INC.					01-24-2001 90040 030 ***150.00				
Principal Place of Business 735 DODECANESE BLVD TARPON SPRINGS FL 34689 US		Mailing Address 735 DODECANESE BLVD TARPON SPRINGS FL 34689 US							
2. Principal P 3.1.6 - (Suite, Apt.	RAND BLVD.	3. Mailing Address 3.16 GRAND BLVD. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	SPRINGS, FL.	City & State TARPON SP	LI N65 , Fl	, 4. F	El Number NOT APPL	ICABLE	\rightarrow	plied For t Applicable	
3468		34689	Country USA		Certificate of Status Desired	Fee	. 75 Addi Required	itional	
	6. Name and Address of Current F	Registered Agent	Name	7. N	ame and Address of New F	Registered Ager	ıt		
316	RTOTIS, MICHAEL GRAND BLVD. PON SPRINGS FL 34689	· , •		Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	,	
SIGNATURE . 9. This corporate filling in	signature, typed or printed name of registered agent a pration is eligible to satisfy its intangible requirement and elects to do so.	nd title if applicable (NOTE: FILE NOW!! After MAY 1, 200	MICHA Registered Agent signatu PEE-1S-\$150.0 Fee will be \$5	re required when re	oursio TIS	DATE		May Be to Fees	
<u> </u>	ria on back)	Make Check Payab			DITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KOURSIOTIS, MARIA 316 GRAND BLVD TARPON SPRINGS FL 34689	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESE KOURS	INT / DIRECTOR	L	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEMISAKIS, GEORGIA 204 FLORIDA AVE N TARPON SPRINGS FL 34689	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRE KOURS		r e	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALL OIL OIL OIL OIL OIL OIL OIL OIL OIL O	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition .	
TITLE NAME .STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	107-	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		:		Change	Addition	
	certify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida Statutes.	I further certify to	hat the in	formation or director	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

Marja <u>Koursiotis</u>

1/11/01

727-942-908

Daytime Phone #