

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000056501**

1. Entity Name

Original Mama Mia's, Inc.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 002 ***150.00

Principal Place of Business

Mailing Address

*2985 Silver Star Rd
Orlando, FL 32808*

*2985 Silver Star Rd.
Orlando, FL 32808*

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

59-3518931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

*Lee, Mimi K.
2985 Silver Star Rd.
Orlando, FL 32808*

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

Signature typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

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	<i>D</i>	☐ Delete
NAME	<i>Lee, Mimi K.</i>	
STREET ADDRESS	<i>2985 Silver Star Rd.</i>	
CITY- ST- ZIP	<i>Orlando, FL 32808</i>	☐ Delete
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		☐ Delete
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NAME		
STREET ADDRESS		
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CITY- ST- ZIP		☐ Delete

TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 DIRECTOR

*Mimi Lee
President*

3/3/01

*409)
297-9016*