

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079940
1. Entity Name Mamma Bravo Inc

24076963

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 139 N Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address 139 N Federal Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Pompano Beach FL
Zip 33062 Country Broward

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4. FEI Number 66-0882073
Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Frank Natale
Street Address (P.O. Box Number is Not Acceptable) 2500 SE 2nd St

City Pompano Beach FL Zip Code 33062

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

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>Pres</u>
NAME	<u>Frank Natale</u>
STREET ADDRESS	<u>2500 SE 2nd St</u>
CITY-ST-ZIP	<u>Pompano Beach 33062</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	<u>Pres</u>
NAME	<u>Frank Natale</u>
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CITY-ST-ZIP	

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 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 by Chapter 607, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-04 9547887181

Date Daytime Phone #
Daytime Phone #