FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # P98000082513 1. Entity Name 04-30-2002 90031 024 ***150 00 MAMA MARIA'S PIZZERIA & SUBS, INC. Principal Place of Business Mailing Address 2085 S TAMIAMI TR 2085 S TAMIAMI TR 838924 VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0864679APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIVITO, STEFANO Street Address (P.O. Box Number is Not Acceptable) 439 BERMUDA ISLE CIRCLE VENIGE FL 34292 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FIEE NOW!!! FEE 19 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DIVITO STEFAND NAME NAME DIVITO, STEFANO 5052 BELLA TERRA DR STREET ADDRESS STREET ADDRESS 439 BERMUDA ISLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP venice fl 34292 VENICE FL 34293 TITLE ☐ Delete TITLE Change Ch ■ Addition NAME DIVITO RAFFAELA NAME DIVITO, RAFFAELA STREET ADDRESS STREET ADDRESS 439 BERMUDA ISLE CIRCLE 5052 BELLATERNA CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 VENICE FL 34293 - Delete < -- - Addition - ----TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS 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 wijthan address, with all other like exprowered.

SIGNATURE:

RAFFAELA DIVITO : 4-14-02