

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020057

1. Entity Name
MAMICA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90229 006 ***150.00

Principal Place of Business 5006 S RIDGEWOOD AVE ALLANDALE FL 32127	Mailing Address 5006 S RIDGEWOOD AVE ALLANDALE FL 32127
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2. Principal Place of Business 5006 S. Ridgewood Ave	3. Mailing Address 5006 S. Ridgewood Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Orange	City & State Port Orange
Zip 32127	Zip 32127
Country Volusia	Country Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, CARMEN Z 5006 S RIDGEWOOD AVE ALLANDALE FL 32127	7. Name and Address of New Registered Agent Name Rivera, Carmen Z. Street Address (P.O. Box Number is Not Acceptable) 5006 S. Ridgewood Ave. City Port Orange FL Zip Code 32127
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RIVERA, CARMEN Z 5000-5002 SOUTH RIDGEWOOD AVE. ALLANDALE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Rivera, Carmen Z. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5006-5008 south Ridgewood Ave. Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boules Hoda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3600 Carmel Ave. Apt. 119 Port Orange, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carmen Z. Rivera **CARMEN Z. RIVERA** 4/4/01 (386) 788-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007623

CR2E034 (10/00)