

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90107 010 ***150.00

DOCUMENT # P01000112908

1. Entity Name
BIANCA PIZZA & PASTA, INC.



Principal Place of Business
1809 MICCOSUKEE COMMONS BLVD., STE. 108
TALLAHASSEE FL 32308

Mailing Address
1809 MICCOSUKEE COMMONS BLVD., STE. 108
TALLAHASSEE FL 32308



2. Principal Place of Business

1417 Capital Circle NW 502 McKeithen St

3. Mailing Address

1417 Capital Circle NW 502 McKeithen St

Suite, Apt. #, etc.

Unit C

Suite, Apt. #, etc.

7B

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FFL Number

59-3758522

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS BLVD., STE. 108
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name **Rebekah Manger-Egri**
Street Address (P.O. Box Number is Not Acceptable) **502 Mc Keithen St**
7B
City **Tallahassee FL** **Zip Code** **32304**

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 **Rmanger-Egri**

4/1/03

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EGRI, MEVLUT HAKAN	
STREET ADDRESS	1417-C CAPITAL CIR., NW	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGRI, REBEKAH M	
STREET ADDRESS	1417-C CAPITAL CIR., NW	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Egri, mevlut Hakan	
STREET ADDRESS	502 Mc Keithen St # 7B	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Egri, Rebekah manger	
STREET ADDRESS	502 Mc Keithen St # 7B	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rmanger-Egri**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 **850-580-5588**

CR2E034 (10/02)