

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102700

1. Entity Name

MATT'S ITALIAN CUISINE, INC.

Principal Place of Business

2771-8 MONUMENT ROAD
JACKSONVILLE FL 32225

Mailing Address

2771-8 MONUMENT ROAD
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90043 047 ***150.00

900954



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3432050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GULACAR
GULACAR, MATT
2771-8 MONUMENT ROAD
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstalling)

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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULACAR, OZLEM	
STREET ADDRESS	2771 MONUMENT ROAD 8 & 9	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULACAR, MATT	
STREET ADDRESS	2771 MONUMENT RD. 8&9	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULACAR, PERIHAN	
STREET ADDRESS	2771-8 MONUMENT ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

Mehmet Gulacar MEHMET GULACAR

Date

Daytime Phone #

1/7/2002 (904) 646-4411

0030745 AV

CR2E034 (9/01)