

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033502

1. Entity Name

NOODLES CAFE ITALIAN RESTAURANT, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90097 043 ***150.00

Principal Place of Business

28340 TRAILS EDGE BLVD.
BONITA SPRINGS FL 34134

Mailing Address

28340 TRAILS EDGE BLVD.
BONITA SPRINGS FL 34134-7586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0722354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, MATTHEW D
5361 3RD AVENUE NORTHWEST
NAPLES FL 33999

Name

MATTHEW D. BERMAN

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

5355 CORAL WOOD DRIVE

City

NAPLES

FL

Zip Code 34119

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]

Signature of the printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BERNAN, MATTHEW D
CITY-ST-ZIP 5361 3RD AVENUE N.W.
NAPLES FL 33999

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5355 CORAL WOOD DRIVE
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

Daytime Phone #