

FILED

Jun 11, 2002 8:00 am
Secretary of State

05-21-2002 91113 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)DOCUMENT # P99000089928
1. Entity Name

C#u's Sushi, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2842 WOODRUFF DR.

Suite, Apt. #, etc.

3. Mailing Address

2842 WOODRUFF DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL 32837

4. FEI Number

59-3600246

Applied For

Not Applicable

Zip

32837

Country

Zip

32837

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: LO, KIT CHING

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

2842 WOODRUFF DRIVE

City: ORLANDO

FL

Zip Code

32837

DO NOT WRITE
IN THIS SPACE

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 participating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P. D.
NAME	LO, KIT CHING
STREET ADDRESS	2842 WOODRUFF DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LO, KIT CHING, P. D.

Date

4-29-02

Daytime Phone #

907-438-7115

CR2E034B (12/01)