2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

V44137 **DOCUMENT #**

ORLANDO FL 32822

Zip

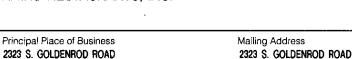
SIGNATURE



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90622 005 ***150.00

| KIMKO RESTAURANTS, INC. | |
|-------------------------|--|
| | |



6. Name and Address of Current Registered Agent

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

Zip

ORLANDO FL 32822

|--|--|--|

| | <u></u> | CHECK HERE IF MAKING CHA | NGES |
|----|------------|--------------------------|----------------|
| 4. | FEI Number | 59-3133588 | Applied For |
| | | 38-3 199300 | Not Applicable |

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

YOSHIDA, MITSUHIKO 2323 S GOLDENROD RD SUITE 200 ORLANDO FL 32822

Country

| 7. Name and Address of New Registered Agent | | | | | |
|---|-----------------|-----------------|-------|----------|--|
| -Name | r tall the | العداد الشار | | ŧ | |
| Street Address | (P.O. Box Numbe | r is Not Accept | able) | | |
| | | | , | : | |
| City | • | | FL | Zip Code | |

9. Election Campaign Finan

Trust Fund Contribution.

| 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. | |
| | | |

Country

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

| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | g. | 4.9 | |
|---|----|---------|------|
| | | | |

| | 1 | |
|-------|---|------|
| icing | | \$5. |
| | | |

.00 May Be Added to Fees

| FILE NOW!!! FEE IS \$150.00 | |
|---|---|
| After May 1, 2003 Fee will be \$550.00 | |
| Make Check Payable to Florida Department of State | 9 |

| | | | | 1 | | i i | |
|----------------|--|-----------------------------|----------------|--|---------------------|--------------|------------|
| 10. | OFFICERS AND DIRECTOR | RS | 11. | ADDITIONS/CHA | NGES TO OFFICERS AN | ID DIRECTORS | S IN 11 |
| TITLE | D | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | YOSHIDA, MITSU HIKO | | NAME | | | • | |
| STREET ADDRESS | 2323 S. GOLDENROD RD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | CITY-ST-ZIP | | | | Į. |
| TITLE | Ρ . | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | YOSHIDA, HYE SUK | | NAME | | | • | j |
| STREET ADDRESS | 2323 S. GOLDENROD ROAD | | STREET ADDRESS | | | |) |
| CITY-ST-ZIP | ORLANDO FL | | CITY-ST-ZIP | | | 1 | |
| TITLE " | " | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | in the same of the | الداماميسانيا الاراد المنها | NAME | Contract to the second | 78 2 -2 | - ' | |
| STREET ADDRESS | | | STREET ADDRESS | | | i | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ De/ete | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | | | NAME | | | | |
| STREET ADDRESS | , | | STREET ADDRESS | | | | J |
| CITY-ST-ZIP | | | C!TY-ST-ZIP | | | | |
| TITLE | | ☐ Delete | TITLE | | | Change | Addition |
| NAME | | | NAME 9 | | | | 1 |
| STREET ADDRESS | | | STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 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: