

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000049599**

1. Entity Name

**SUSHI CITY, INC.**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90158 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**4658 S.W. 74 Ave**  
**MIAMI, FL 33155**

**SAME**

**B0026851**

2. Principal Place of Business

3. Mailing Address

**4658 SW 74 Ave**

**4658 SW 74 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

**MIAMI FL**

Zip

Country

Zip

Country

**33155**

**USA**

**33155**

**USA**

4. FEI Number

**65-0758874**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Edward C. Natsui**

Name

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

City

**FL**

Zip Code

**15012 SW 104 St**

**APT 2414**

**MIAMI, FL 33196 USA**

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 reinstating)

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, 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 **PSTD** ☐ Delete  
NAME **Edward C. Natsui**  
STREET ADDRESS **15012 S.W. 104 St #2414**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **V** ☐ Change ☒ Addition  
NAME **MARGARET K. NATSUI**  
STREET ADDRESS **11571 S.W. 83 Terr,**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

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:

**EDWARD NATSUI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-00**

Date

**(305) 267-7483**

Daytime Phone #

CR2E034 (9/99)