

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90032 024 \*\*\*150.00

0278833 AV

**DOCUMENT # P98000071430**

1. Entity Name  
**SUSHIN EXPRESS, INC.**

Principal Place of Business

**10431 SW 128 STREET  
 MIAMI FL 33176**

Mailing Address

**10431 SW 128 STREET  
 MIAMI FL 33176**

2. Principal Place of Business

**8332 South Dixie HWY**

3. Mailing Address

**13641 Deering Bay Dr.**

Suite, Apt. #, etc.

Suite, Apt. # etc.

City & State

**Miami, FL**

City & State

**Coral Gables, FL**

Zip

**33143**

Country

**Dade**

Zip

**33158**

Country

**Dade**

4. FEI Number

**65-0863037**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ABE, CHIKARA  
 10431 SW 128 STREET  
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

**ABE, CHIKARA**

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

**13641 Deering Bay Dr. #157**

City

**Coral Gables,**


FL

Zip Code

**33158**

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



**CHIKARA ABE**

**3/30/02**

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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ABE, CHIKARA<br/>10431 SW 128 STREET<br/>MIAMI FL 33176</b> | Delete                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ABE, LAN<br/>10431 SW 128 STREET<br/>MIAMI FL 33176</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ABE, YASUKO<br/>10431 SW 128 STREET<br/>MIAMI FL 33176</b>  | Delete                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/P ABE, CHIKARA<br/>13641 Deering Bay Dr. #157<br/>Coral Gables, FL 33158</b>  | <input checked="" type="checkbox"/> Change | Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change            | Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/T ABE, YASUKO<br/>13641 Deering Bay Dr. #157<br/>Coral Gables, FL 33158</b>   | <input checked="" type="checkbox"/> Change | Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/S ABE, KAZUHIRO<br/>13641 Deering Bay Dr. #157<br/>Coral Gables, FL 33158</b> | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHIKARA ABE**

Date

**3/30/02**

Daytime Phone #

CR2E034 (9/01)