

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2002 90032 031 ***150.00

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DOCUMENT # V05481

1. Entity Name
SUSHIN GABLES, INC.

Principal Place of Business
**10431 SW 128TH STREET
MIAMI FL 33176**

Mailing Address
**10431 SW 128TH STREET
MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
159 Aragon Ave.
Suite, Apt. #, etc.

3. Mailing Address
13641 Deering Bay Dr.
Suite, Apt. #, etc. **#157**

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0303821**

Applied For
Not Applicable

Zip **33134** Country **Dade**

Zip **33158** Country **Dade**

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

ABE, CHIKARA
10431 SW 128TH STREET
MIAMI FL 33176

Name **ABE, CHIKARA**
Street Address (P.O. Box Number is Not Acceptable) **13641 DEERING BAY DRIVE #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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ABE, CHIKARA**
STREET ADDRESS **10431 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D/P** ☒ Change ☐ Addition
NAME **ABE, CHIKARA**
STREET ADDRESS **13641 DEERING BAY DRIVE #157**
CITY-ST-ZIP **CORAL GABLES, FL 33158**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **CHIKARA ABE** **3/30/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)