FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 29, 2002 8:00 am DOCUMENT # 663569 Secretary of State 1. Entity Name 01-29-2002 90031 006 ***150 00 JAPANESE MARKET, INC. Principal Place of Business Mailing Address 1412 79TH ST 7521 MUTINY AVE NORTH BAY, VILLAGE FL 33139 NORTH BAY VILLAGE FL 33141 Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1963609 N*ORTH* Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUSHI, MICHIO 1412 NE 79TH ST CAUSEWAY NORTH BAY VILLAGE FL 33139 8. The above named entity submits this statement for the purp se of changing its registered office or registered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME -KUSHI, MAYUMI NAME STREET ADDRESS 7521 MUNTINY AVE STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP **VSD** Change ☐ Addition TITLE ☐ Delete TITLE KUSHI.MICHIO KUSHI, MICHIO NAME NAME 18431 SW-128TH STREET V 7521 MUTINY AUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMLE CITY-ST-ZIP TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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