

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 019 ***558.75

DOCUMENT # F01000000068

1. Entity Name
NOBU SOUTH BEACH CORP.

Principal Place of Business

1901 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

1901 COLLINS AVE.
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3982714**

Applied For

Not Applicable

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

TERMINELLO, LOUIS J ESQ.
2700 S.W. 37TH AVE.
MIAMI FL 33133

Name **TIMOTHY BARROW**
Street Address (P.O. Box Number is Not Acceptable) **1901 COLLINS AVE**
City **MIAMI BEACH** **FL** **Zip Code** **FL 33139**

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

09/04/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	TEPER, MEIR	1901 COLLINS AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	MATSUBISA, NOBUVUKI	1901 COLLINS AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	DE NIRO, ROBERT	1901 COLLINS AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
S	NOTAR, RICHARD	1901 COLLINS AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
T	YOHALEM, IRA	1901 COLLINS AVE.	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (4/02)

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

Date **7/31/02** Daytime Phone #