## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F95000002025 1. Entity Name BENIHANA, INC. 01-31-2001 90036 018 \*\*\*150.00 Principal Place of Business Mailing Address 8685 N.W. 53RD TERRACE 8685 N.W. 53RD TERRACE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0538630 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHWARTZ, JOEL A NAME NAME STREET ADDRESS 8685 N.W. 53RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Maddition TITLE ☐ Delete TITLE ☐ Change NAME YOSHIMOTO, TAKA NAME STREET ADDRESS 8685 N.W. 53RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITI F Change ☐ Addition NAME **BURRIS, MICHAEL** NAME STREET ADDRESS STREET ADDRESS 8685 N.W. 53RD TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE CD ☐ Delete TITLE □ Change ☐ Addition AOKI, ROCKY H NAME NAME STREET ADDRESS 8685 N.W. 53RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE ☐ Defete TITLE ☐ Change ☐ Addition DORNBUSH, DARWIN C MAME NAME STREET ADDRESS 747 THIRD AVENUE, 11TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** V.P. Controller TITLE TAS ☐ Delete TITLE ☐ Addition NAME GARCIA, JUAN C. NAME STREET ADDRESS 8685 NW 53RD TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 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 sue 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 regeiver or trustee empowered to execute his 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 impowered. 13. I hereby certify that the information supply

Juan C. Garcia 1/9/01

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR