

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H47008

1. Entity Name

YAE SUSHI, INC.

Principal Place of Business

2050 N SEMORAN BLVD  
#116  
WINTER PARK FL 32792  
US

Mailing Address

2050 N SEMORAN BLVD  
#116  
WINTER PARK FL 32792  
US

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 59-2527881

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

TAKASHIMA, TAKESHI  
2260 KING EDWARDS CT.  
WINTER PARK FL 32792

Name Izumi Zentner

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

265 Spring Lake Hills Dr.

City Altamonte Springs FL

Zip Code 32714

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

*Izumi Zentner*

Izumi Zentner

1/10/01

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	IZUMI, ZENTNER	
STREET ADDRESS	1763 FIARVEIW SHORES DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAKASHIMA, TAKESHI	
STREET ADDRESS	2260 KING EDWARDS CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	265 Spring Lake Hills Dr.
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Izumi Zentner*

Izumi Zentner

1/10/01

(407)

677-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90094 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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