

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23955

1. Entity Name

YOSHI JAPANESE RESTAURANT, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90082 039 ***150.00

Principal Place of Business

9866-8 BAYMEADOWS RD.
JACKSONVILLE BEACH FL 32256

Mailing Address

C/O CAROL FREDERES-KJAR
1112 THIRD ST SUITE 7
NEPTUNE BEACH FL 32266-5066
US

2. Principal Place of Business

3. Mailing Address

487 NORTH 3RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

4. FEI Number

59-2731923

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

USA

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

FREDERES-KJAR, CAROL
1112 THIRD ST
SUITE 7
NEPTUNE BEACH FL 32266

Name

TERRY J. HOOD

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

487 NORTH 3RD STREET

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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

1-13-00

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, 2000 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 PT
NAME KOMAITA, YOSHITSUGU
STREET ADDRESS 10150 BELLE RIVE BLVD #2505
CITY-ST-ZIP JACKSONVILLE FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE VDS
NAME KOMAITA, CHIYOKO
STREET ADDRESS 10150 BELLE VIEW BLVD #2505
CITY-ST-ZIP JACKSONVILLE FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



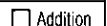
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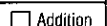
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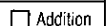
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000
Date

Daytime Phone #

CR2E034 (9/99)