

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 001 ***150.00

DOCUMENT # J82446

1. Entity Name

GM RESTAURANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

716 E. LAS OLAS BLVD

3. Mailing Address

C/O LENOFF AND LENOFF, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1761 W. HILLSBORO BLVD #405

DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

65-0003049

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33442

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN LENOFF

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

C/O LENOFF AND LENOFF, P.A.

1761 W. HILLSBORO BLVD #405

City

DEERFIELD BEACH

FL

Zip Code
33442

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

Steven Lenoff as Registered Agent 22 Apr 02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	S MITSUOKA KAMIOKA 716 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOTARO KAMIOKA 716 E. LAS OLAS BLVD FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gotaro Kamioka, as Pres. 22 Apr 02

Date

Daytime Phone #

CR2E034B (12/01)