

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

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90129 009 ***158.75

DOCUMENT # *L01000041112*

1. Entity Name

SUBARASHI-DELT GOURMET, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8042 NW 66 STREET

3. Mailing Address

8042 NW 66 STREET

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1098235

Applied For

Not Applicable

Zip

33166

Country

USA/DADE

Zip

33166

Country

USA/DADE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ORLANDO YIDI

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

8042 NW 66 STREET

City

MIAMI

FL

Zip Code

33166

**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]

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

(NOTE: Registered Agent Signature required when reinstating)

07-02-02

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	<i>PRESIDENT ORLANDO YIDI 8042 NW 66 STREET MIAMI, FL 33166</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY NEFNEFE CURE 8042 NW 66 STREET MIAMI, FL 33166</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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

07-02-02

Date

305-

Daytime Phone #

Attachment
971357

JULY 2, 2002.

FLORIDA DEP. OF STATE
DIVISION OF CORPORATION.

Ref: SUBARASHI DELI GOURMET, LLC.
DOC# L01000041112.

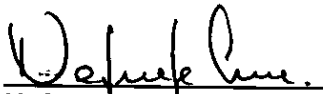
Dear Gentlemen:

We apologize for the delay in filing our Uniform Business Report 2002, but unfortunately we were not aware of this specific requirement, also we never received the form by mail.

Please, be assured that we are not trying to evade our responsibility, Therefore we feel that the above facts constitute a justify circumstance and humbly request your consideration in removing our penalty.

We are enclosing the complete form with its specific check.

Respectfully yours,


Nefnefe Cure.