

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90154 041 ***150.00

DOCUMENT # L05582

1. Entity Name
SUSHI BLUES CAFE INC.



Principal Place of Business
**1836 S YOUNG CIR
HOLLYWOOD FL 33020
US**

Mailing Address
**1836 S. YOUNG CIRCLE
HOLLYWOOD FL 33020
US**

2. Principal Place of Business
2009 Harrison St.
Suite, Apt. #, etc.

3. Mailing Address
2009 Harrison St.
Suite, Apt. #, etc.

City & State
Hollywood FL 33020

City & State
Hollywood FL 33020

Zip
33020
Country
BROWARD

Zip
33020
Country
BROWARD

4. FEI Number
65-0133077

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASLAK, JUNKO
928 NE 24TH AVE
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MASLAK, JUNKO**
STREET ADDRESS **928 NE 24TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUISITO MasLak** **4/2/03** **954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **929-9560**

0140740 AV

CR2E034 (10/02)