4/2/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-02-2001 90076 005 ***158.75

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000000 26285

1. Entity Name

Lian & Ohn Mar Sushi Inc.

Principal Place of Business
3333 Duck Ave, Apt-B109
Keywest, FL 33040

Mailing Address 3333 Duck Ave
#B109
Keywest, FL
33040

2. Principal Place of Business		3. Mailing Address	
3333 Duck Ave		3333 Duck Ave	
Suite, Apt. #, etc. Apt, B109		Suite, Apt. #, etc. B109	
City & State Keywest, FL		City & State Keywest, FL	
Zip 33040	Country Monroe	Zip 33040	Country Monroe

4. FEI Number 34-1890575 ☐ 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
Pau Sian Lian 3333 Duck Ave, Apt. B109 Keywest, FL 33040	Name Ohn Mar Oo Street Address (P.O. Box Number is Not Acceptable) 3333 Duck Ave, Apt. B109 Keywest, FL - 33040 City FL Zip Code 33040

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: S. Ohn Mar Oo (NOTE: Registered Agent signature required when reinstating) March 26th, 01 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pau Sian Lian 3333 Duck Ave, Apt B109 Keywest, FL 33040 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ohn Mar Oo 3333 Duck Ave, Apt B109 Keywest, FL 33040 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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...

SIGNATURE: S: Ohn Mar Oo OFFICER OR DIRECTOR March 26th, 01 Date 305-296-9329 Daytime Phone #