

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90124 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000038756**  
 1. Entity Name  
**NJA RESTAURANT, INC.**

Principal Place of Business  
**7617 PARKVIEW WAY**  
**CORAL SPRINGS FL 33065**  
**US**

Mailing Address  
**7617 PARKVIEW WAY**  
**CORAL SPRINGS FL 33065**  
**US**

2. Principal Place of Business  
**1231 SE 3 AVE**  
 Suite, Apt. #, etc.  
**Pompano beach**  
 City & State  
**SPL Pompano beach, FL**

3. Mailing Address  
**900 E Atlantic BL**  
 Suite, Apt. #, etc.  
**PMB # 12-236**  
 City & State  
**Pompano beach, FL**

Zip  
**33060** Country  
**USA**

Zip  
**33060** Country  
**USA**

4. FEI Number **65-1041371** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GORBUNOVA, NATALIA**  
**7617 PARKVIEW WAY**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
 Name **Gorbounova Natalia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**900 E ATLANTIC BL**  
**PMB # 12-236**  
 City **Pompano beach** FL Zip Code **33060**

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 DATE **04/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>GORBUNOVA, NATALIA</b> <b>7617 PARKVIEW WAY</b> <b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SALOUKHOV, OLEG V</b> <b>7617 PARKVIEW WAY</b> <b>CORAL SPRINGS FL 33065</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>Gorbounova Natalia</b> <b>1231 SE 3 AVE</b> <b>Pompano beach FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SALOUKHOV, Oleg</b> <b>1231 S.E. 3 AVE</b> <b>Pompano beach FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **REQUIRE** DATE **04/22/02** (954) 801-6008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)