

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
FL

3. Mailing Address

900 E Atlantic BL
 Suite, Apt. #, etc.
DNB # 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
DNB # 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 *[Signature]*

DATE **04/22/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gorbounova Natalia	
STREET ADDRESS	1231 SE 3 AVE	
CITY-ST-ZIP	Pompano beach FL 33060	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOUKHOV Oleg	
STREET ADDRESS	1231 S.E. 3 AVE	
CITY-ST-ZIP	Pompano beach FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/22/02** **DAYTIME PHONE #** **(954) 881-6008**

CR2E034 (9/01)