

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

FILED

03 NOV 21 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000038756

1. Entity Name

NJA RESTAURANT, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 E ATLANTIC BLVD

3. Mailing Address

900 E ATLANTIC BL

Suite, Apt. #, etc.

12-248

Suite, Apt. #, etc.

12-248

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33060

Country

USA

Zip

33060

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02-03

4. FEI Number

65-1041371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Natalia Gorbounova

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

9005 NW 13 CT

City

COARL Springs

FL

Zip Code

33071

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11.19.03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<u>P-TD</u>
NAME	<u>Gorbounova Natalia</u>
STREET ADDRESS	<u>9005 NW 13 CT</u>
CITY-ST-ZIP	<u>COARL Springs, FL 33071</u>
TITLE	<u>VD</u>
NAME	<u>Salukhov Oleg</u>
STREET ADDRESS	<u>9005 NW 13 CT</u>
CITY-ST-ZIP	<u>COARL Springs, FL 33071</u>
TITLE	<u>S.</u>
NAME	<u>Gorbounova Julia</u>
STREET ADDRESS	<u>9005 NW 13 CT</u>
CITY-ST-ZIP	<u>COARL Springs, FL 33071</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

11.19.03 (954)3415308

CR2E034B (12/02)