

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

PAGE 1 of 2

DOCUMENT # **P00000042825**

FILED

01 MAY -4 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
OSAKA SPA, INC.

Principal Place of Business Mailing Address
**1205 E. Hillsborough Ave.
Tampa, FL 33610**

2. Principal Place of Business 3. Mailing Address
1205 E. Hillsborough Ave.

Suite, Apt. # etc. Suite, Apt. #, etc.
Tampa, FL

City & State City & State

Zip Country Zip Country
33610 Hillsborough

4. FEI Number Applied for
59-364381 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Ronald W. Carlisle
2431 Aloma Ave., Ste. 129
Winter Park, FL 32792**

Name
Krista Froesch
Street Address (P.O. Box Number is Not Acceptable)
1205 E. Hillsborough Ave.
City State Zip Code
Tampa FL 33610

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  **KRISTA FROESCH** 4/25/01
Signature of individual or official name of registered agent and title if applicable (NOTE: Registered Agent signature required when in meeting) (N/A)

9. The corporation is eligible to elect to be intangible tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS

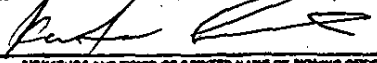
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	sooja Suh 8649 N. Himes Ave., #214 Tampa, FL 33615	
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	Krista Froesch 1205 E. Hillsborough Ave. Tampa, FL 33610		
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct 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 a name like empowered.

SIGNATURE:  **KRISTA FROESCH** 4/25/01 (813)236-7252
Signature and Typed or Printed Name of Signing Officer or Director Date Office



ACCOUNT NO. : 072100000032

REFERENCE : 139898 7238153

AUTHORIZATION :

COST LIMIT :

Patricia Pigute
\$ 81.25

ORDER DATE : May 4, 2001

ORDER TIME : 2:15 PM

ORDER NO. : 139898-005

CUSTOMER NO: 7238153

CUSTOMER: Elinor P. Smith, Esq
Elinor P. Smith, P.a.
4931 S. Westshore Blvd.

Tampa, FL 33611

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -4 PM 3:17
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

AMENDED ANNUAL REPORT FILING

NAME: OSAKA SPA, INC.

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT# 1115

EXAMINER'S INITIALS: _____