

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90050 014 \*\*\*158.75

**DOCUMENT # P00000066214**

**1. Entity Name**  
**WASABI SUSHI BAR, INC.**



**Principal Place of Business**  
**1549 SUNSET DRIVE**  
**CORAL GABLES FL 33146**

**Mailing Address**  
**1549 SUNSET DRIVE**  
**CORAL GABLES FL 33146**

**2. Principal Place of Business**  
**1549 SUNSET DRIVE**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**1549 SUNSET DRIVE**  
Suite, Apt. #, etc.

**City & State**  
**CORAL GABLES, FL**  
**Zip**  
**33143**

**City & State**  
**CORAL GABLES, FL**  
**Zip**  
**33143**

**4. FEI Number** **65-1024460**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GOMEZ, GARDOL**  
**1229 PLACETAS AVE**  
**CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

**Name** **SCOTT MCCLENDON**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4415 ANDERSON RD**  
**City** **CORAL GABLES** **FL** **Zip Code** **33146**

**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** Scott McClendon **PRESIDENT** **7-5-03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>GOMEZ, GARDOL</b>	
<b>STREET ADDRESS</b>	<b>1229 PLACETAS AVE</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES FL 33146</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MCCLENDON, SCOTT</b>	
<b>STREET ADDRESS</b>	<b>4415 ANDERSON RD</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33146</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Scott McClendon **REQUIRED** **MCCLENDON, D** **7-05-07** **(305) 663-0334**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

8014686  
P00000066214

Wasabi Sushi Bar, Inc.  
1549 Sunset Drive  
Coral Gables, FL 33143

305 663-0334 P  
305 663-0335 F

September 8, 2003

Uniform Business Report  
Division Of Corporations, Florida Department of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document #: P00000066214 WASABI SUSHI BAR, INC.

To Whom It May Concern:

This letter is to advise the Division Of Corporations of the Florida Department of State that the corporation known as Wasabi Sushi Bar, Inc. did not receive the prior notice of the 2003 Uniform Business Report Instructions. To further clarify the 2003 Uniform Business Report which states "Due by September 10, 2003" was the first 2003 Uniform Business Report that I received. I was surprised to receive such notice that we were already late in filing when I had not received a prior notice.

Accordingly, along with this letter I have enclosed our completed 2003 Uniform Business Report and the appropriate and original filing fee of \$150.00 + \$8.75 for a certificate of Good Standing. My understanding upon reading Question (1) of Frequently Asked Questions in the UBR Instructions is that the late fee will be waived since that was the first notice I received and I as a Director and Officer of said corporation am sending you this letter stating same.

Sincerely,



Scott McClendon  
President, Wasabi Sushi Bar, Inc.