

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 031 ***150.00

DOCUMENT # P00000069304

1. Entity Name

BUSHIDO HOUSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1546 41st AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3583

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH FL

City & State
VERO BEACH, FL

4. FEI Number
65-1101952

Applied For
Not Applicable

Zip
32960

Country

Zip
32964

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
POSADA, JUAN

Street Address (P.O. Box Number is Not Acceptable)
1546 41st AVENUE

City
VERO BEACH

FL

Zip Code
32964

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PSTD
POSADA, JUAN
1546 41st AVENUE
VERO BEACH, FL 32960

TITLE
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IN THIS SPACE**

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

SIGNATURE:

JUAN C. POSADA

05/01/02 772-569-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #