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APPROVED AND FILED P00000077833

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077833

1. Entity Name

MIYAKO JAPANESE RESTAURANT OF BREVARD INC.

Principal Place of Business	Mailing Address
1511 S. HARBOR CITY BLVD. MELBOURNE FL 32901	1511 S. HARBOR CITY BLVD. MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2325188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOCHIZUKI, NAONORI
1511 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOCHIZUKI, NAONORI 3205 S. BASSAR ST. MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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****150.00 ****150.00

CR2E034 (10/00)

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] 4-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 282

P.A.B. CONSULTANTS
724 Wing Foot Lane
Melbourne, Florida 32940-7855
(321) 242-8504

June 7, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To whom it may concern:

Mr. Mochizuki inadvertently forgot to include the check for $150.00 with his inital application form. When you notified us of this matter we were waiting for a new federal identification number to send along with this application and check . As of today we have yet to receive it but we do not wish to wait any longer in fear of missing the 30 day deadline you kindly allowed us. Therefore, we are sending the check today and will send the new federal identification number as soon as we receive it . Thank you for your consideration.

Yours very truly,

Joanne E. Lamontagne

(Mrs.) Joanne E. Lamontagne