

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90181 035 ***150.00

DOCUMENT # P00000101402

1. Entity Name

BANZAI SUSHI, INC.

Principal Place of Business

2378 NW 184TH TERR.
 PEMBROKE PINES FL 33029

Mailing Address

2378 NW 184TH TERR.
 PEMBROKE PINES FL 33029

2. Principal Place of Business

18411 PINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES

Zip

33029

Country

Zip

33029

Country

4. FEI Number

65-1055249

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, MICHAEL E
9900 W. SAMPLE RD., SUITE 324
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **WOON CHIN**

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

2378 NW 184 TERR

City

PEMBROKE PINES

FL

Zip Code

33029

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

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

TITLE **PD** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **WOON CHIN**
 STREET ADDRESS **2378 NW 184 TERR.**
 CITY-ST-ZIP **PEMBROKE PINES, FLORIDA 33029**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] **WOON CHIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-01

Daytime Phone #

CR2E034 (10/00)