2001 UNIFORM BUSINESS REPORT (UBR)

DQCUMENT # P00000107941

1. Entity Name

NIHON RESTAURANT CORPORATION

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90022 028 ***150.00

Principal Plac									
	e of Business	Mailing Address		1					
13080 N.W. 11TH STREET SUNRISE FL 33323		13060 N.W. 11TH STREET SUNRISE FL 33323							
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS S	PACE		
City & State		City & State	City & State		4. FEI Number		/ * -	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		8.75 Ad	ditional	
	6. Name and Address of Currer	at Registered Agent	┵	7. Name and Address of New Re					
	o. Name and Address of Curren	ii negistered Agent		ame	7. Name and Address of New A	egistereu A	Beur		
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	TSUI OI 0 N.W. 11TH STREET	Si	Street Address (P.O. Box Number is Not Acceptable)						
SUNI	RISE FL 33323								
			Ci	ty		FL	Zip Cod	е	
8. The above	named entity submits this statement	for the purpose of changing its	s registered of	fice or registered	d agent, or both, in the State of Flo	rida.	•		
SIGNATURE_									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registered Ager	nt signature required wh	hen reinstating)	DATE			
9. This corpo	pration is eligible to satisfy its Intangib	le FILE NOW	!!! FEE IS 9	150.00	12 51 11 2				
Tax filing re	requirement and elects to do so.	After MAY 1, 2	After MAY 1, 2001 Fee will be \$550.00		 Election Campaign Final Trust Fund Contribution 	· -		May Be	
(See criteri	ia on back)	Make Check Paya	ble to Depar	tment of State		'y			
11,	OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11	
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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.

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SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #