2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ... P01000014596

1. Entity Name

SUSHI TANG, INCORPORATED



FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90123 011 ***150.00

	·				'					
Principal Place 1220 VALLEY WINTER PARK	CREEK RUN	Mailing Address 1220 VALLEY CREEK RUN WINTER PARK FL 32792				! (13 3) (16) (16) (18) (18) (18) (18) (18)				
2. Principal Place of Business		3. Mailing Address			 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	El Number 59-3711970	···		Applied For Not Applicable	
Zip	Country	Zip	Zip Count		5. 0	Certificate of Status Desired		8.75 Acee Require		
	6. Name and Address of Curren	t Registered Agent			7. N	lame and Address of New Re	gistered Ag			
		and the state of t		- Name						
tang, me 1220 vali	ELLEY CREEK RUN		Street Address			(P.O. Box Number is Not Acceptable)				
WINTER P	ARK FL 32792		City					Zip Co	de	
	; 			'			FL	l		
	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registere	ed office or regist	ered age	ent, or both, in the State of Flor	ida. I am fai	niliar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of pegistered agen	nt and title if applicable. (NC	OTE: Registere	d Agent signature requir	red when re	instating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State				Election Campaign Final Trust Fund Contribution		\$5. (00 May Be ed to Fees	
	OFFICERS AN		11.		AD	DITIONS/CHANGES TO OFFI	CERS AND D	DIRECTO	RS IN 11	
TITLE	SD	□ Delete	TITL					Change		
NAME	TANG, NEI L		NAM	E					i	
STREET ADDRESS CITY-ST-ZIP	1220 VALLEY CREEK RUN WINTER PARK FL 32792			ET ADDRESS - ST-ZIP						
TITLE	***************************************	□ Delete	TITL	E				☐ Change	Addition	
NAME			NAM	iE						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	TITL					☐ Change	Addition _	
NAME	V	المربث سمع يوال بسب		EET ADDRESS			.,,.,			
STREET ADORESS CITY-ST-ZIP	•			-ST-ZIP						
TITLE		☐ Delete	TITL	E E				☐ Change	Addition	
NAME			NAM	II						
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CITY	'-ST-ZIP			.			
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STREET ADDRESS				EET ADDRESS '-ST-ZIP						
CITY-ST-ZIP						· · · · · · · · · · · · · · · · · · ·	,	Change	Addition	
TITLE		Delete	TITL					change		
NAME STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP						
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exe	emption stated in	Section	119.07(3)(i), Florida Statutes. I	further certi	ly that the	information	

2. 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 cath; 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:



2-26-05

407-671-6051

Daytime Phone #