2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P01000021330 1. Entity Name 08-26-2002 90051 001 ***150.00 NEKO SUSHI, INC. Principal Place of Business Mailing Address 6405 SW 116 PLACE. #A 976300 6405 SW 116 PLACE. #A MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address SUSHI BAR Publix Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHIN, MYINT Street Address (P.O. Box Number is Not Acceptable) 6405 SW 116 PLACE, #A **MIAMI FL 33173** City Zip Code 🕱 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME KHIN, MYINT NAME STREET ADDRESS 6405 SW 116 PLACE, #A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SINGSTURE REQUIRED (\$23/02 (786) \$44 (638)

Affachment

PO 100002-1330

August 23, 2002

To Whom It May Concern:

My name is Myint Khin. I am Sushi Bar owner at location 8341 West Flagler in Miami, FL. I have recently received a letter from (UB.P.) concerning a late fee for \$400.00. Due to an address change, I was not able to receive the first attempt of my onlisted form on time. My new address is 8842 SW 72nd Street, Apartment # J161, Miami, FL 33173. I had called the number provided on the back of the form and spoke with one of the operators and was told to do the following; write a check for the amount of \$150.00 and explain with details on a written letter what had happened. I would really appreciate it if my letter was read and considered, and the amount of \$400.00 for late fees was waved for the fact that I was not aware of this mailed form for the above reason.

If you have any questions, please give me a call me at (305)277 1197

Sincerely

Myint Khin