

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90021 012 ***163.75

DOCUMENT # P01000072552

1. Entity Name

TSUNAMI RESTAURANT, INC.

Principal Place of Business

**7910 N.W. 3RD STREET
 UNIT 9205
 PEMBROKE PINES FL 33024**

Mailing Address

**7910 N.W. 3RD STREET
 UNIT 9205
 PEMBROKE PINES FL 33024**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

610 South third st

Suite, Apt. #, etc.

3. Mailing Address

1700 San Pablo Rd.

Suite, Apt. #, etc.

#611

City & State

Jacksonville Beach, FL

City & State

Jacksonville, FL

4. FEI Number

80-0034067

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LIN, KEJIAN

7910 N.W. 3RD STREET

UNIT 9205

PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

LIN, KEJIAN

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

610 South third st.

City

Jacksonville Beach FL

Zip Code

32250

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

4/20

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, 2002 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 **D** ☐ Delete
 NAME **LIN, KEJIAN**
 STREET ADDRESS **7910 N.W. 3RD STREET UNIT 9205**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
 NAME **LIN, KEJIAN**
 STREET ADDRESS **7910 N.W. 3RD STREET UNIT 9205**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20 (904) 655-8074

Date

Daytime Phone #

CR2E034 (9/01)