2003 FOR PROFIT CORPORATION

FILED Feb 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P01000091675 DOCUMENT # 02-03-2003 90136 002 ***150.00 1. Entity Name SUSHI CATERING SERVICES INC. Principal Place of Business Mailing Address 22000149 12256 SW 148TH TERRACE 12256 SW 148TH TERRACE MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business ST NW 2ST Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For MIGMI MIMMI 65-1136513 Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ML LIM, CHEE K BOX HUMBER IS NOT ACCEPTABLE NO BLUD #306 12256 SW 148TH TERRACE MIAMI FL 33186 City_MARMI brints this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity s the obligations of registe SIGNATURE inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition PDS NAME NAME LIM, CHEE K LIM FOUNTAINS LEAV BLUE STREET ADDRESS 12256 SW 148TH TERRACE STREET ADDRESS *450* CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME CHUNG, HARRY H L STREET ADDRESS STREET ADDRESS 14465 SW 173RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

12. 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP