FOR PROPERTY ORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # PO1 000104466

1. Entity Name

Sushi NINJA, INC.



FILED

03 OCT 21 PH 1:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

en la Cal			ng 1987 Street Salada and Property Control		the Constanting					
Principal Place of Business 3. Mailing Address]				
		ast Blooming dale				Æ.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & Ptata			A FELAL			A-F-d-F-	
City & State Brandon FL		City & State Brandon F		FL	4. FEI Numbe	75259/		Applied For Not Applicable		
Zip Country		Zip		Country		/323//	<u> </u>			
3351/		Journa	33 <i>51/</i>		5		of Status Desired		8.75 Additional e Required	
- Land American Service			7.			7. Name and A	Name and Address of Current Registered Agent			
Name										
DO NOT WRITE Kang, Woo Y. Street Address (P.O. Box Number is Not Acceptable)										
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			· · · · · · · · · · · · · · · · · · ·			S. MacDill Ave #B				
			City Ta			ampa		FL	Zip Code	
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. 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) DATE										
January 1 - May 1. Fee is \$150.00										
	After May 1	, Fee is \$550.00	1	tion Campaign Fir	~ —	\$5.00 May Be				
Maka Chash		UBR is \$61.25 Florida Department of 5				Trus	t Fund Contributio	n. \square	Added to Fees	
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14. THEREDY CE	ะแทง เกลเ เกe	mnormation supplied with the	his filing does not qualify fo	r ine exer	nunon stated in Se	cuan 119 07(3)(d	. Fiorida Statutes	LITURIDER CERTIFY	that the information	

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PARE OF SIGNATO OFFICER OF THRECTOR

10/10/0

Daytime Phone #

CR2E034B (12/02)