

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000108638**

1. Entity Name

**MUALPI SUSHI INC.**



FILED

03 JUN 16 PH 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12035 N.E. 2 AVE.**

Suite, Apt. #, etc.

**A-103**

City & State

**MIAMI**

Zip

**FL**

Country

**MIAMI**

3. Mailing Address

**12035 N.E. 2 AVE.**

Suite, Apt. #, etc.

**A-103**

City & State

**MIAMI, FL**

Zip

**33161**

Country

**MIAMI**

4. FEI Number

**65-1153434**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**NENE KHAN PAU**

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

**12035 N.E. 2 AVE. A-103**

City

**MIAMI**

FL

Zip Code

**33161**

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**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR**  
**NENE KHAN PAU**  
**12035 N.E. 2 AVE A-103**  
**MIAMI FL 33161**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**200020883242**  
**06/16/03--01027--005 \*\*150.00**

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

**DO NOT WRITE  
IN THIS SPACE**

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 NAME OF SIGNING OFFICER OR DIRECTOR

**06/01/03**

Date

**786-210-5376**

Daytime Phone #

CR2E034B (12/02)

Mualpi Sushi Inc.  
12035 N.E 2 Ave. A-103  
Miami FL 33161  
EIN- 65-1153434  
305 981 1908

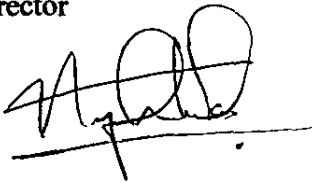
Division of Corporations  
P.O Box 6327  
Tallahassee FL 32314

Date: May 2<sup>st</sup>, 2003

Subject: : 2003 Annual report/Uniform Business Report

Because I have not received the renewal forms by mail, I could not send the renewal fee in time. However, I would like to do my best to comply with your requirements. Thank you for your concern on Mualpi Sushi Inc.

Director

A handwritten signature in black ink, appearing to read 'Neng K Pau', written over a horizontal line.

Neng K Pau  
595-93-0350(ssn)