

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90511 024 ***150.00

DOCUMENT # P02000027310

1. Entity Name
SUSHI-KO EXPRESS CORP.



Principal Place of Business
100 SE 1ST AVENUE, #136
FT. LAUDERDALE FL 33301

Mailing Address
11471 W. SAMPLE ROAD, #41
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

100 SE 1ST STREET, #136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT LAUDERDALE, FL

Zip

Country

Zip
33301

Country
U.S.A.

4. FEI Number

01-0646298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PARK, JONGHYEON
12850 WEST STATE ROAD 84
LOT#18-25
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

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

City

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **PARK, JONGHYEON**
STREET ADDRESS **12850 WEST STATE ROAD 84, #18-25**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **V** ☐ Delete
NAME **AHN, SOOHYANG**
STREET ADDRESS **12850 WEST STATE ROAD 84, #18-25**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2003 74-461-0606

Date

Daytime Phone #

CR2E034 (10/02)