## FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90091 021 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000090632

1. Entity Name SUSHI JAPAN, INC.



| 616 NE 161   | ace of Busine:<br>TH AVE #28<br>DALE N FL 33 |   | Mailing Address<br>616 NE 16TH AVE #2B<br>FT LAUDERDALE N FL 33304 |  |  |  | lin <b>a</b> ande care |
|--|--|---|--|--|--|--|------------------------|
| 2. Principal   | Place of Busi                                | ness                                    | 3. Mailing Address   |  |  |  |                        |
| Suite, Ap  | t. #, etc.                                   |   | Suite, Apt. #, etc.  |  |  | ☐ CHECK HERE IF MAKING CHANGES   |                        |
| City & State   |  |   | City & State   |  |  | 4. FEI Number Applied For  |                        |
| Zip Country  |  | Zip                                     | Country  |  | 5. Certificate of Status Desired \$8.75 Additi | Applicable<br>onal   |                        |
|  | 6. Name                                      | and Address of Current                  | Registered Agent   | ш  | <del></del>                                    | Fee Required   |                        |
|  | Takushi<br>16th ave #                        |   | - Section 1  | Name                                     |  | 7. Name and Address of New Registered Agent                                |                        |
|  | ERDALE N                                     | <del>_</del> _                          | • •  | <u>-</u>                                 | olieel Youles                                  | s (P.O. Box Number is Not Acceptable)                                      |                        |
| A The above comed setting the setting to the settin |  |   |  |  | City   | FL Zip Code  |                        |
| the obliga   |  | ered agent.                             |  |  | ed office or regist                            | tered agent, or both, in the State of Florida. I am familiar with, and     | d accept               |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS   |  |   |  |  |  | 9. Election Campaign Financing \$5.00 In Trust Fund Contribution. Added to | Fees                   |
| NAME STREET ADDRESS CITY-ST-ZIP  | DP<br>DANJO, TA<br>616 NE 16<br>FT LAUDER    | KUSHI<br>TH AVE #2B<br>RDALE N FL 33304 | ☐ Delete   | TITLE                                    | T ADDRESS                                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN                             | I 11<br>☐ Addition     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  |  | ADDRESS<br>ST-ZIP                              | ☐ Change   | Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ie<br>Eet address<br>- St-Zip                |   | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |  | Change   | ] Addition             |
| TITLE NAME STREET ADDRESS DITY-ST-ZIP  | NAF<br>STR                                   |   | TITLE NAME STREET  | ADDRESS<br>I-ZIP                         | ☐ Change ☐                                     | Addition   |                        |
| ITLE<br>HAME<br>TREET ADDRESS<br>ITY-ST-ZIP  |  |   |  |  | ADDRESS<br>- ZIP                               | ☐ Change ☐   | Addition               |
| TLE<br>AME<br>IREET ADDRESS<br>TY-ST-ZIP   |  |   | ☐ Delete   | TITLE NAME STREET A                      | ADDRESS  | ☐ Change ☐   | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

